

C. 4477



NORTHUMBERLAND COUNTY COUNCIL

ANNUAL REPORT

OF

THE COUNTY
MEDICAL OFFICER
OF HEALTH

FOR THE YEAR

1961



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MEDICAL OFFICER
OF HEALTH

FOR THE YEAR

1961

JOHN B. TILLEY, M.D., B.S., B.Hy., D.P.H., *County Medical Officer.*

HEALTH COMMITTEE, 1961.

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Alderman N. GARROW, O.B.E.
(Chairman of the County Council).

Vice-Chairman.

Alderman Miss M. E. S. FLEMING.

Aldermen.

ALLAN, Mrs. M.
BRAMWELL, T. E.
BRIGGS, A., O.B.E.
LANGMAN, Mrs. C.

MITCHELL, Mrs. E. W.
ROBSON, The Rev. R. E.
SHARP, Mrs. J.
SHORT, J. C.

Councillors.

ADAMS, Mrs. B. F. C., O.B.E.
ALCOCK, E.
BARRASS, J. T.
CARR, Mrs. C.
COWE, W.
CULLEN, J.
DODSWORTH, Mrs. D.
EASTON, T.
FORSTER, Mrs. E.
FREAR, G. M.
HEPPELL, Mrs. J. G. M.
HETHERINGTON, A.
HOPPER, Mrs. E.

HORN, T.
MATHESON, T.
McFADYEN, J. A.
ORDE, Mrs. C. L.
RICHARDSON, Mrs. J.
SMITH, D., O.B.E.
SULLIVAN, W. R.
SUMMERS, Mrs. L. M.
TAYLOR, L. T., M.Sc.
TURNBULL, Mrs. D.
WAKE, Mrs. A., M.B.E.
WHITE, J.

Co-opted Members.

BROWN, Dr. H. S.
COOKSON, Mrs. A. A. A.
QUEEN, Mrs. E.

SLACK, W. RENTON B.
WILLIAMSON, Miss M. M., O.B.E.

Ex-officio Members.

Alderman J. GRAY (Vice-Chairman of the Council).
Alderman J. BROTHERTON (Chairman of the Finance Committee).

Standing Sub-Committees.

Finance and General Purposes.
Midwifery, Nursing and Child Care.
Mental Health.
Ambulance Services.
Family Care.
Area Health Sub-Committees (8).

STAFF OF THE HEALTH DEPARTMENT.

County Medical Officer and Principal School Medical Officer	...	...	J. B. Tilley, M.D., B.S., B.Hy., D.P.H.
Deputy County Medical Officer	...	...	W. Minns, M.B.E., M.B., B.S., B.Hy. D.P.H.
Maternity and Child Welfare Medical Officer and Medical Supervisor of Midwives	...	...	Janet M. Edwards, M.B., Ch.B., D.P.H.
Senior School Medical Officer	...	...	J. M. H. Hopper, M.B., B.S., D.R.C.O.G., D.P.H.
Area Executive Medical Officers—			
North 1 and 2 Areas	...	...	J. McCormack, M.B., B.S., D.P.H.
Central Area	...	...	Catherine B. McGregor, M.B., Ch.B., D.P.H.
East Area	...	...	A. Donaldson, M.B., Ch.B., D.P.H.
South Area	...	...	Madge Hopper, M.B., B.S., B.Hy., D.P.H.
South East Area	...	...	A. W. Hay, M.B., B.S., D.P.H.
Wallsend Area	...	...	G. M. Cubie, M.B., Ch.B., D.P.H.
West Area	...	...	J. M. McEwan, M.B., Ch.B., D.P.H.
Administrative Assistant	...	...	E. W. Woodcock.
Assistant County Medical Officer and School Medical Officer	...	...	Isobel J. McLarty, M.B., Ch.B.
Assistant County Medical Officers (Maternity and Child Welfare)...			Margaret H. McKeith, M.B., B.S. Marian Parkinson, M.B., B.S. Anna M. Reid, M.B., Ch.B., D.P.H. Blanche Sykes, M.R.C.S., L.R.C.P., D.P.H. Frances A. Potter, B.Sc., M.B., Ch.B. (part-time).
School Medical Officers	...	...	C. R. B. Bamford, M.B., B.Sc. W. W. Burnett, M.B., Ch.B., M.R.C.S., L.R.C.P., D.C.H. J. Deegan, M.B., B.S., D.P.H. Mary W. Dewell, M.B., B.S. F. W. Fordyce, M.B., B.S. (Commenced 12th January, 1961). Enid L. Hughes, M.B., B.S., M.Sc., D.C.H. Beatrice M. Noble, M.B., B.S. (part-time). R. B. Smith, M.B., Ch.B. Enid M. Young, M.B., B.S.
Chest Physicians (Part-time)	...	...	J. M. Gilmore, M.D., D.P.H. G. Hurrell, M.D., B.Hy., D.P.H. A. R. Somner, M.D., F.R.C.P.E. C. Verity, M.D., D.P.H. F. L. Wollaston, M.R.C.S., L.R.C.P.
Principal School Dental Officer	...	...	A. E. Robinson, F.D.S.R.C.S.
Deputy Principal School Dental Officer	...	...	T. A. Ireland, L.D.S. (Appointed 1st August, 1961).

Staff of the Health Department—*continued.*

Orthodontist	...	...	...	G. W. Pettigrew, L.D.S., D.D.O.
Dental Officers	...	...	...	R. S. Bodenham, B.D.S. H. J. Coombes, L.D.S. Sheila M. Crute, L.D.S. E. T. Cunnell, B.D.S. (Resigned 28th January, 1961). Wilma S. Drury, L.D.S. R. S. Ferrell, L.D.S. R. M. Foulds, L.D.S. P. W. Gale, L.D.S. (Commenced 16th January, 1961). Helen C. Gent, B.D.S. Audrey Hall, L.D.S. (Resigned 8th September, 1961). W. Hedley, B.D.S. J. F. Horseman, L.D.S. M. S. Jones, B.D.S. (Commenced 1st September, 1961). Margaret I. Lamb, L.D.S. Geoffrey C. J. Long, B.D.S. Shirley E. Long, L.D.S. T. M. Mahadervan, L.D.S. W. P. Neilson, L.D.S. W. Robson, L.D.S. J. W. Russell, L.D.S. R. J. B. Smith, L.D.S. S. J. Smithson, L.D.S. Norma S. Stewart, B.D.S. E. G. Stuart, B.D.S. R. W. Whittingham, B.D.S.
Principal Nursing Officer	...	...	...	Ann A. Graham, O.B.E., S.R.N., H.V. Cert., F.R.S.H.
Deputy Principal Nursing Officer (Health Visiting)				May Fothergill, S.R.N., S.C.M., H.V. Cert.
Deputy Principal Nursing Officer (Midwifery and Nursing)	...	...	...	Mary Gilliland, S.R.N., S.C.M., H.V. Cert.
Assistant Principal Nursing Officer (Health Visiting)	...	...	...	Mary Atkinson, S.R.N., S.C.M., H.V. Cert.
Assistant Principal Nursing Officer (Midwifery and Nursing)	...	...	...	Yvette Esme Buckoke, S.R.N., S.C.M., H.V. Cert.
Social Worker	...	...	...	Dorothy L. Dunn.
Family Caseworkers	...	...	...	Victoria Merchant, B.A. (Commenced 9th August, 1961). Sylvia M. Newnham, Dip.S.S. (Southampton) (Resigned 5th August, 1961). Sylvia Rudman, B.A. (Resigned 6th October, 1961). Jacqueline M. I. Stokes, Dip. Pub. & Soc. Adm. (Oxford).
County Health Inspector	...	...	...	D. Lister, Cert. S.I.B., F.R.S.H., F.A.P.H.I.

Staff of the Health Department—*continued.*

Ambulance Officer	...	...	...	R. D. Charles
Senior Mental Welfare Officer	...	...	...	L. Armstrong
Mental Welfare Officers	...	...	...	S. Atkinson. W. C. Elliott. G. T. Harrison. T. A. Henderson. (Retired 30th September, 1961). J. E. Kendall. (Commenced 10th November, 1961). T. Pattie. W. R. Pringle. J. J. D. Richardson. R. Tebble. C. I. Vass.
Supervisors of Training Centres:—				
Ashington	...	...	...	Nancy E. Anderson.
Bedlington	...	...	...	Margaret Fisher.
Berwick	...	...	...	Alfreda M. Small.
Prudhoe	...	...	...	Margaret Tulip. (Commenced 27th February, 1961).
Wallsend	...	...	...	G. Sanderson.
Home Teachers	...	...	...	G. Cummings. Dorothy Heads
Home Help Organisers	...	...	...	Mary J. W. Beal. Doreen Grose. Jean R. Mitchell. (Commenced 1st February, 1961). Margaret J. Treloar. (Resigned 31st January, 1961).
Occupational Therapists	...	...	...	Marjorie E. Armstrong, S.A.O.T. (part-time). (Resigned 13th April, 1961). Maureen M. Dickson, M.A.O.T. (Resigned 31st December, 1961). Isabella H. Havery. (part-time). (Resigned 18th March, 1961). Mary E. Rose. (part-time). (Commenced 4th April, 1961). (Resigned 30th November, 1961). Enid Urwin, M.A.O.T. (Resigned 15th October, 1961).
Chiropodists	...	...	...	Christine Liddell, M.S.C. Sheila Mackay, M.Ch.S. (Commenced 27th April, 1961).
Supervisor of Welfare of the Handicapped	...	...	...	Eileen Metcalfe.
Home Teachers of the Blind	...	...	...	Mary Elliot. Jane T. Hogarth. Isobel M. Kay. Hilary G. Loten. Margaret McGuire. Elizabeth Senior. (Resigned 31st December, 1961). Joyce H. I. Thompson.
Welfare Visitor for Physically Handicapped	...	...	...	M. Winifred Patterson.
Welfare Assistant	...	...	...	Joan C. Lamb.

CONTENTS

	<i>Page</i>
Accidental Deaths	15
Ambulance Service	10, 46, 101
Ante-Natal Clinics	9, 25
Ante-Natal and Post-Natal Hostel	29
B.C.G. Vaccination	48
Birth Rates	13, 16
Blind Welfare	75
Break-up of Families	48
Cancer	14, 92
Care and After-Care	47, 97
Child Minders	29
Child Welfare Clinics	9, 23
Chiropody	50
Clean Air Act	61
Consultant Clinics	28
Convalescence	47, 98
Day Nurseries	29
Deaf and Hard of Hearing—Welfare	80
Deaths—Classification	91
Death Rates	14
Dental Service	31, 99
Detection of Deafness	36
Diphtheria Immunisation	28, 43
Family Planning	27
Food and Drugs Act	70
Food Poisoning	15
Handicapped Persons—Welfare	11, 74, 113
Health Committee	3
Health Education	38, 51
Health Visiting Service	35
Heart and Blood Vessels, Diseases of	14
Home Help Service	52, 103
Home Nursing Service	39
Homes for Old and Disabled Persons—Registration	30
Housing	56, 108
Ice Cream	69, 112
Illegitimate Births	20
Immunisation	28, 43
Infant Mortality	9, 13, 22, 89
Infectious Diseases	14

CONTENTS—*continued*

	<i>Page</i>
Mass Miniature Radiography	47, 96
Maternal Mortality	20
Maternity and Child Welfare Service	16
Mental Health	10, 53, 105
Midwifery Service	39, 100
Milk	11, 62
Ministry of Health Inquiries	60
Mortality—Principal Causes	14
Neo-Natal Deaths	18
Nursing Homes Registration	30
Occupational Therapy	48
Perinatal Mortality	21
Poliomyelitis	15
Population	13, 84
Post-Natal Examinations	27
Premature Births	17
Prevention of Illness	47
Problem Families	48
Public Health Nursing Service	34
Rateable Value	13
Road Safety	15
Sewage Disposal	59
Slum Clearance	56, 109
Smallpox and Vaccination... ..	45
Staff	4
Still Births	17
Tetanus Immunisation	43
Training Centres	54
Tuberculosis... ..	37, 94
,, After-Care	97
,, Deaths and Death Rates	94
,, Chest Clinic Service... ..	47
Vaccination Poliomyelitis	45
Vaccination—Smallpox	45
Venereal Diseases	50
Vital and Mortality Statistics	13, 22, 86
Water Supplies	58
Welfare Foods	25
Whooping Cough Immunisation	44
Women's Advisory Clinics... ..	27

TO THE CHAIRMAN AND MEMBERS OF THE
NORTHUMBERLAND COUNTY COUNCIL.

Mr. Chairman,

In recent years this annual report on the state of the health of the county and on its health services has regularly referred to new records, and this year is no exception. In the last report I drew attention to the fact that the infant mortality rate had fallen below the national rate for the first time, and this year I must report not only that this position has been maintained, but that for the first time the county rate has been reduced to less than 20 infant deaths in every thousand live births.

Many factors have helped to bring about this improvement, and I would say again that the close co-operation in the field of ante-natal care between the family doctors, the midwives and the health visitors must have played a part. The large number of doctors who conduct their ante-natal care in the clinics of this Department greatly assists this co-operation, and the ease of consultation with the family doctors which my membership of the Local Medical Committee affords is of considerable value. The number of expectant mothers attending the Health Committee's clinics increased by about 500 to over 7,000; this was 1,000 more than attended five years ago, and shows the effect of the work of the family doctors.

A further record was established when mothers brought 28,240 children to the child welfare clinics during the year. The number of children attending each year has gone up by about 7,000 since 1951. This is an increase of just over 30% in the work of the clinics. There can be no doubt of the value of the Council's policy

of providing first class modern premises for its services, and the response of the mothers with their babies bears this out. The increased attendance of mothers and children for dental treatment is further evidence of the satisfaction of the patients with the standard provided, and the Principal Dental Officer's comments on the difficulty of the mother having to change her dentist when her baby is a year old are of considerable importance.

The introduction of male nurses into the district nursing service has proved of the greatest value and despite the geographical difficulties of providing this service in rural areas some extension of the practice is required. The work of the district nurses in helping with the rehabilitation of elderly patients is worthy of special comment: many elderly patients with strokes or injuries can be helped to a degree of mobility and independence which would not have been thought possible some years ago. The care of the elderly is also the main work of the home help service. In this county the home help service expanded rapidly after 1948, and it has continued to grow in recent years though at a much slower rate. It is interesting to report that in 1961 for the first time less use was made of the home help service than in the previous year.

Statutory action in connection with the admission of patients to mental hospital was needed in 33% less cases than the year before. This was an expected outcome of the Mental Health Act, and a further development has been an increase in the visiting of the mentally sick at home and in hospital by the mental welfare officers. These visits increased from 1,300 to 2,100 and I expect greater development of this work very quickly. By visiting the patient before and during hospital treatment the mental welfare officer can establish a relationship which helps greatly in the care of the patient after discharge.

One of the most interesting developments during the year was the establishment of a vehicle maintenance and servicing scheme at Wideopen ambulance depot. Originally set up as an experiment this

scheme proved to be of great help to the ambulance service, and has subsequently been accepted as a permanent system. Although the ambulance service carried 7,400 more patients than in 1960 the mileage run was reduced by 1,100. This was brought about by careful co-ordination of journeys from the several depots with a concomitant increase in efficiency.

The work of the Department in connection with the welfare of the handicapped has grown steadily but it is perhaps a surprise to realise that the number of generally handicapped individuals registered with the Council has increased by no less than 56% in five years. There are now over 2,000 persons on the registers of the Department, including the blind and the deaf. This is an overall increase of over 21% in the past five years, and the volume of work has increased at least pro rata. The development of a home for the handicapped and of handicraft instruction will add still further to this.

The remaining noteworthy increase in work and responsibility was the transfer to the Health Department from the county district authorities of the responsibility for licensing and supervising all dealers in designated milk. This has called for a great deal of work in the first year, and the report gives full details of this and the general supervision of milk production in the county.

Most of the work of the Department is an integral part of the National Health Service, and I am glad to be able to report good co-operation with the family doctors and the hospitals, the other two partners in the Service. This report cannot give all the details of the many contacts between the hospitals and the family doctors and the county services, but they are indeed many, and it is our constant endeavour to increase them. We continually experiment to try to improve still further the co-operation which already exists.

I am grateful to you, Sir, and to the members of the Health Committee for their continued encouragement and support. This report has been prepared by many hands and I am particularly grateful to Dr. Edwards, Dr. Minns, and Mr. Robinson for their

help. To all of my colleagues in the Health Department I would again express my thanks for all their work during the year.

I remain, Sir,

Your obedient servant,

A handwritten signature in dark ink, appearing to read "J. B. Riley". The signature is written in a cursive style with a prominent loop at the end.

County Medical Officer of Health.

COUNTY HALL,
NEWCASTLE UPON TYNE, 1.

Telephone: Newcastle 2-8927.



NORTHUMBERLAND COUNTY COUNCIL.

Report of the County Medical Officer of Health for the year 1961.

	Urban Districts.	Rural Districts.	Total.
Area (acres) ...	79,573	1,196,632	1,276,205
Population ...	372,390	108,140	480,530
Rateable Value ...	£4,212,750	£1,238,564	£5,451,314

VITAL STATISTICS.

BIRTHS.

There were 8,049 live births in the county in 1961. This represented a slight increase in the birth rate which was 16.75 per 1,000 population. For comparison with other areas and with England and Wales as a whole this must be adjusted by a factor of 0.98 which gives a rate of 16.41 per 1,000. Although the birth rate remains fairly stable at about this level it is significant that the birth rate for the county is now below that for the country as a whole.

The record low still birth rate achieved in 1960 was not maintained, and there were 167 still births giving a rate of 20.33 per 1,000 registered births.

INFANTILE MORTALITY.

The record low infant mortality rate of 20.28 in 1960 was surpassed when the rate of 19.75 per 1,000 live births was achieved in the county for 1961. This was lower than the national rate for the second year. A review of infantile mortality is given in the section of the report dealing with maternity and child welfare.

DEATHS.

There were 5,754 deaths during the year and the death rate was 11.97 per 1,000 population which was a slight increase on the previous year. After adjustment by the comparability factor the

rate becomes 13·29 per 1,000, which is greater than the rate for the country as a whole.

PRINCIPAL CAUSES OF MORTALITY.

The following table shows the principal causes of mortality during the year.

	1961.		1960	
	Number of Deaths.	Per-centage of Total Deaths.	Number of Deaths.	Per-centage of Total Deaths.
Heart Disease :—				
Coronary Disease, Angina...	1113		1099	
Hypertension with Heart Disease	103		97	
Other... ..	808		826	
	— 2,024	35·18	— 2,022	35·51
Malignant Neoplasm :—				
Stomach	173		180	
Lung, Bronchus	199		208	
Breast	87		74	
Uterus	38		36	
Other... ..	432		446	
	— 929	16·15	— 944	16·58
Vascular Lesions of Nervous System	966	16·79	980	17·21
Bronchitis	292	5·07	251	4·41
Pneumonia	213	3·70	177	3·11
Motor Vehicle and other accidents	205	3·56	213	3·74
Other Diseases of Circulatory System	251	4·36	233	4·09
	4,880	84·81	4,820	84·65

The slight decrease in the number of deaths from cancer may be noted, while for the second year there was a small but welcome fall in the total number of deaths from accidents, though road deaths increased.

INFECTIOUS DISEASES.

The number of infectious diseases notified by general practitioners to District Medical Officers of Health is shown in Table 7 and totalled 8,793 compared with only 1,511 last year. This increase is due to the usual biennial measles epidemic of 8,222 cases compared with 898 in 1960. Whooping cough continued to be a relatively mild disease and in the 180 cases there was no death. There was again a diphtheria free year and no death for the eleventh year running.

FOOD POISONING.

Thirty cases of food poisoning occurred sporadically through the year without any sign of an epidemic anywhere.

POLIOMYELITIS.

There were two cases of paralytic poliomyelitis in adult men. The cases occurred in July and August and neither man had been vaccinated. There was no death from the disease during the year.

ROAD SAFETY.

The Chief Constable has kindly provided me with a copy of his annual report on road accidents and I quote from his figures.

The number of road accidents was once again the highest recorded—4,645 compared with 4,573 last year and 3,675 in 1955.

The number of fatal accidents increased considerably from 58 to 74. The killed were 23 pedestrians, 20 passengers, 17 motor cyclists (7 without crash helmets), 12 drivers and 2 pillion passengers. It is pleasing to note that no pedal cyclist was killed.

Among children, twelve were killed on the roads compared with eight last year. Of these twelve, ten were under the age of five years.

In addition to loss of life there was also a considerable amount of suffering from injury and 2,581 persons, including 398 children, were involved.

The report gives details of the most dangerous times, days and places on all roads in the county. Of the 4,645 accidents during the year, 846 occurred between 4 and 6 in the afternoon and another 370 between 10 and 11 p.m.

The A.1 trunk road between the entrance to Gosforth and Fisher Lane, Seaton Burn, was responsible for 239 accidents causing 3 deaths and 119 injuries. The coast road through Wallsend continued to be a dangerous road and there was a total of 99 accidents causing 76 people to be killed or injured.

NATIONAL HEALTH SERVICE ACTS.

MATERNITY AND CHILD WELFARE SERVICE.

(DR. J. M. EDWARDS.)

Vital Statistics.

Live Births—							
Number ...	...	...	...	...	...	...	8,049
Rate per thousand population	...	...	...	...	...	...	16·75
Illegitimate live births (per cent. of total live births) ...							3·37
Still births—							
Number	...	...	...	...	...	...	167
Rate per thousand total live and still births	...	...	...	...	...	...	20·33
Total live and still births...	...	...	...	...	...	...	8,216
Infant deaths (under 1 year)	...	...	...	...	...	...	159
Infant mortality rates—							
Total infant deaths per 1,000 total live births	...	...	...	...	...	...	19·75
Legitimate infant deaths per 1,000 legitimate live births	...	...	...	...	...	...	19·54
Illegitimate infant deaths per 1,000 illegitimate live births	...	...	...	...	...	...	25·74
Neonatal mortality rate (deaths under 4 weeks per 1,000 total live births)	...	...	...	...	...	...	14·91
Early neonatal mortality rate (deaths under 1 week per 1,000 total live births)	...	...	...	...	...	...	12·42
Perinatal mortality rate (still births and deaths under 1 week per 1,000 total live and still births)	...	...	...	...	...	...	32·49
Maternal mortality (including abortion)—							
Number of deaths	...	...	...	...	...	...	4
Rate per 1,000 total live and still births	...	...	...	...	...	...	0·49

Notification and Registration of Births.

There was a slight rise in the birth rate in 1961. The total number of births was 8,216, compared with 8,183 in 1960 and the live birth rate was 16·75 per 1,000 population, compared with 16·66 in the previous year. The adjusted rate was 16·41 per 1,000 population. There was also a rise in the birth rate in the country as a whole—the live birth rate in England and Wales was 17·4 in the year under review, compared with 17·1 in 1960.

Notified births numbered 8,289 and of this number 6,408 or approximately 77% took place in hospital. The excess of notified births over registered births is most unusual, but can be explained by the fact that a considerable number of notification cards bear addresses which are within the county area, but are corrected to addresses without the county area when the birth is registered. Notification to the health department of these changes of address only commenced about eight months before the time of writing.

Still Births.

Unfortunately, the low still-birth rate recorded in the county in 1960 was not maintained in 1961. In the latter year, there were 167 registered still-births, giving a rate of 20·33 per thousand total births. In 1960, there were 147 registered still-births and the record low still-birth rate was 17·96 per thousand total births. Over the country as a whole, the still-birth rate fell from 19·8 per thousand total births in 1960 to 18·7 in 1961. An unusual feature in 1961 in Northumberland was that the rise in the still-birth rate was not associated with a rise in prematurity. Of the total of 167 still-births, 76 or 45·5% were premature, compared with 85 or 51% in 1960.

Premature Births.

There was a fall in the incidence of prematurity in Northumberland during the year under review. The number of babies born prematurely was 571 or 6·95% of the total births, compared with 7·3% in 1960.

There was also a fall in the incidence of premature still-birth, which would appear to be due to the fact that more premature births took place in hospital than in the previous year—87% in 1961, compared with 86% in 1960. A total of 499 babies were born prematurely in hospital and of these 73 or 14% were still-born—the same percentage as in the previous year. Domiciliary premature births numbered 72, compared with 91 in the previous year and of these 3 or 4% were born dead, compared with 13% in 1960.

Unfortunately, as is usually the case, the fall in the premature still-birth rate was associated with a rise in the neo-natal death rate. In hospital, of the 426 premature babies born alive, 368 or 86% survived the first month, compared with 88% in 1960. Of the 69 premature babies born alive at home, 58 or 84% survived the first month, compared with 83% in 1960. However, 11 of the 69 babies born alive at home were transferred to hospital and of these one died. Of the 58 born at home and nursed there, 51 or approximately 87% survived.

In view of the fact that the general still-birth rate and the general neo-natal death rate in the county rose in 1961, whilst there was a fall in the infant mortality rate, the following comparable statistics are interesting:—

	1960	1961
Premature births per cent. of total births ...	7·3	6·95
Premature live births per cent. of total live births	6·4	6·15
Premature neo-natal deaths per cent of total neo-natal deaths	64·0	63·86
Premature still births per cent. of total still births	51·0	45·5
Premature babies survived 4 weeks per cent. of total live premature births	85·2	86·06

It will be seen that in 1961, not only was a higher proportion of the total births full-term than in 1960, but the proportion of the total still-births and neo-natal deaths which was associated with prematurity was lower than in the latter year.

Neo-natal Deaths.

There was a very slight rise in the neo-natal death rate in 1961. Of the 8,049 infants born alive, 120 died before reaching the age of one month. The neo-natal mortality rate was therefore 14·91 per thousand live births. In 1960, in 8,036 infants born alive, there were 119 neo-natal deaths, and the rate was 14·81 per thousand live births. The rate for 1961 was still well below the lowest rate previously recorded in the county, which was 16·93 in 1957. It was also, for the second year in succession, below the rate for England and Wales, which was 15·5 per thousand live births in 1961, and 15·6 in 1960.

Although the proportion of the total neo-natal deaths due to prematurity was lower in 1961 than in 1960, the actual number of deaths due solely to prematurity rose from 33 to 39. On the other hand, the number of those associated with prematurity fell from 43 to 24.

The neo-natal deaths recorded from all causes were as follows:—

Prematurity	...	...	...	...	...	39
Intra-cranial haemorrhage	...	...	...	...	...	18
Congenital malformation	...	...	...	...	...	15
Atalectasis	...	...	...	...	...	8
Congenital heart	...	...	...	...	...	8
Asphyxia neonatorum	...	...	...	...	...	7
Broncho pneumonia	...	...	...	...	...	6
Foetal anoxia	...	...	...	...	...	3
Hyaline membrane disease	...	...	...	...	...	3
Gastro-enteritis	...	...	...	...	...	2
Neo-natal cold injury	...	...	...	...	...	2
Septicaemia	...	...	...	...	...	2
Haemorrhagic disease	...	...	...	...	...	2
Renal vein thrombosis	...	...	...	...	...	1
Asphyxia (Inhalation of vomit)	...	...	...	...	...	1
Idiopathic disease of the new born	...	...	...	...	...	1
Haemolytic disease	...	...	...	...	...	1
Liver failure	...	...	...	...	...	1

Prematurity was an associated cause in 21 of these deaths.

For purposes of comparison, the principal causes of neo-natal death in 1960 and 1961, are set out in the following table:—

<i>Causes.</i>	1961.	1960.
Prematurity	39	33
Congenital conditions	23	26
Intra-cranial haemorrhage	18	14
Atalectasis	8	10
Asphyxia neonatorum	7	5
Respiratory infections	6	8
Hyaline membrane disease	3	6
Haemolytic disease	1	4

Of the three principal causes, there appears to be no doubt that the incidence of prematurity and intra-cranial hæmorrhage can be lowered by continuing improvement in our standards of ante-natal care. Research work that is being done at present into the causes of congenital malformations, gives ground for hope that the incidence of some of these conditions may eventually also be reduced by preventive measures.

Infant Deaths.

In 1961, for the second year in succession, the infant mortality rate in Northumberland was below the rate for England and Wales, in spite of the fact that the latter was the lowest that had ever been recorded in this country. In Northumberland, out of a total of 8,049 babies born alive, only 159 died before reaching the age of one year, and the rate was 19·75 per thousand live births compared with a rate of 21·4 for the country as a whole. In 1960, the rate was 20·28 in Northumberland compared with a national rate of 21·9 per thousand live births. As has already been noted, there was a very slight rise in the neo-natal rate, so the fall in the total rate is due to a drop in the number of deaths in the 1 month to 12 months group.

INFANT DEATHS—YEAR 1961

	Boroughs and Urban Districts			Rural Districts			Total		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
Other Infective and Parasitic Diseases	—	2	2	—	—	—	—	2	2
Pneumonia	4	4	8	4	—	4	8	4	12
Gastritis, Enteritis and Diarrhoea	6	1	7	—	—	—	6	1	7
Congenital Malformations ...	15	17	32	3	—	3	18	17	35
Other Defined and Ill-Defined diseases	41	30	71	18	5	23	59	35	94
Motor Vehicle Accidents ...	—	1	1	—	—	—	—	1	1
All other accidents	3	2	5	—	—	—	3	2	5
Bronchitis	1	2	3	—	—	—	1	2	3
Totals	70	59	129	25	5	30	95	64	159

When comparison is made with 1960, it is found that there is a marked fall in the number of deaths due to pneumonia, whilst those due to congenital malformations and conditions of the gastro-intestinal tract have risen slightly. The numbers in the group which includes prematurity remain substantially the same, although, as has already been noted, the deaths actually associated with that condition have increased.

Details of infant deaths in all the county districts will be found in the table on page 89.

Illegitimate Births.

The total of 8,216 live and still-births included 276 illegitimate births, and of the latter 4 were still-births. The illegitimate births represented 3.36% of all births, compared with 3.13% in the previous year.

Mortality rates in legitimate and illegitimate births over the past five years were as follows:—

YEAR.	STILLBIRTH RATE.		INFANT MORTALITY RATE.		NEO-NATAL MORTALITY RATE.	
	Legitimate Births.	Illegitimate Births.	Legitimate Births.	Illegitimate Births.	Legitimate Births.	Illegitimate Births.
1957	25.32	25.10	23.31	30.04	16.65	25.75
1958	23.15	8.85	23.44	44.64	17.93	31.25
1959	20.36	35.43	23.43	28.57	17.13	28.57
1960	17.54	31.25	20.67	8.07	15.15	4.03
1961	20.33	14.49	19.54	25.74	14.79	18.38

Although the infant and neo-natal mortality rates were higher than in the previous year, they have shown a very marked downward trend over the past ten years.

Maternal Mortality.

There were 4 maternal deaths in Northumberland in 1961, compared with 5 in 1960. The maternal mortality rate was therefore 0.49 per thousand total births, compared with a rate of 0.60 in the previous year. The rate over the whole of the country was 0.39 in 1960 and 0.33 in 1961.

One death took place at home, and the others in hospital.

The causes of death were as follows:—

1. Amniotic Fluid embolism.
2. Pulmonary oedema.
Mitral incompetence.
Post valvulotomy syndrome.
Pregnancy 22 weeks.
3. Amniotic embolism.
4. Soap solution embolism due to self induced abortion.

Perinatal Mortality.

The perinatal mortality rate is the sum of the total number of still-births, plus the number of deaths of infants in the first week of life, per 1,000 total births. The early neo-natal mortality rate is the number of deaths of infants in the first week of life per 1,000 live births. As deaths in the first week of life are frequently due to ante-natal causes, a fall in the still-birth rate is very often accompanied by a rise in the early neo-natal mortality rate and vice-versa.

In Northumberland in 1961 there was a fall in the early neo-natal mortality rate but as it was accompanied by a rise in the still-birth rate, there was a consequent rise in the perinatal mortality rate, which was 32·49, compared with 30·31 in 1960. In the latter year, the rate was below the rate of 32·9 for the whole of the country, but in 1961 it was a fraction above the national rate, which was 32·4 per thousand total births.

The current method of calculating the rate was introduced in 1959, and the rates in Northumberland over the last three years, compared with the national rates, are shown in the following table:—

Year	Perinatal Mortality Rate	
	Northumberland	England and Wales
1959	34·82	34·0
1960	30·31	32·9
1961	32·49	32·4

The actual number of deaths before the end of the first week of life was 100 or 63% of the total infant deaths, the same proportion as in 1960, but 2% higher than in 1959. There is no doubt that this loss of infant life would be reduced by further advances in our standards of ante-natal care, which could be achieved by concerted action on the part of the three branches of the midwifery service.

Vital Statistics.
Rates for Northumberland compared with England and Wales.

Year	Still Births		Neo Natal Mortality		Early Neo Natal Mortality		Perinatal Mortality		Infant Mortality		Maternal Mortality	
	County	E. & W.	County	E. & W.	County	E. & W.	County	E. & W.	County	E. & W.	County	E. & W.
1959	20.82	21.00	17.47	15.8	14.30	13.6	34.82	34.2	23.58	22.2	0.72	0.38
1960	17.96	19.8	14.81	15.6	12.57	13.3	30.31	32.9	20.28	21.9	0.60	0.39
1961	20.33	18.7	14.91	15.5	12.42	13.4	32.49	32.4	19.75	21.4	0.49	0.33

Child Welfare Clinics.

There was again, as in the previous year, an increase in the total number of children attending the child welfare clinics, although the number of sessions operated, and the total attendances, were less than in preceding years. One small clinic was closed during the year.

Year.	No. of Clinics.	No. of half-day sessions held.	Total No. of children attending.	Total attendances.
1957	96	5,715	24,900	141,484
1958	95	5,741	25,843	144,382
1959	94	5,873	26,798	151,933
1960	94	5,831	27,612	148,246
1961	93	5,817	28,240	147,923

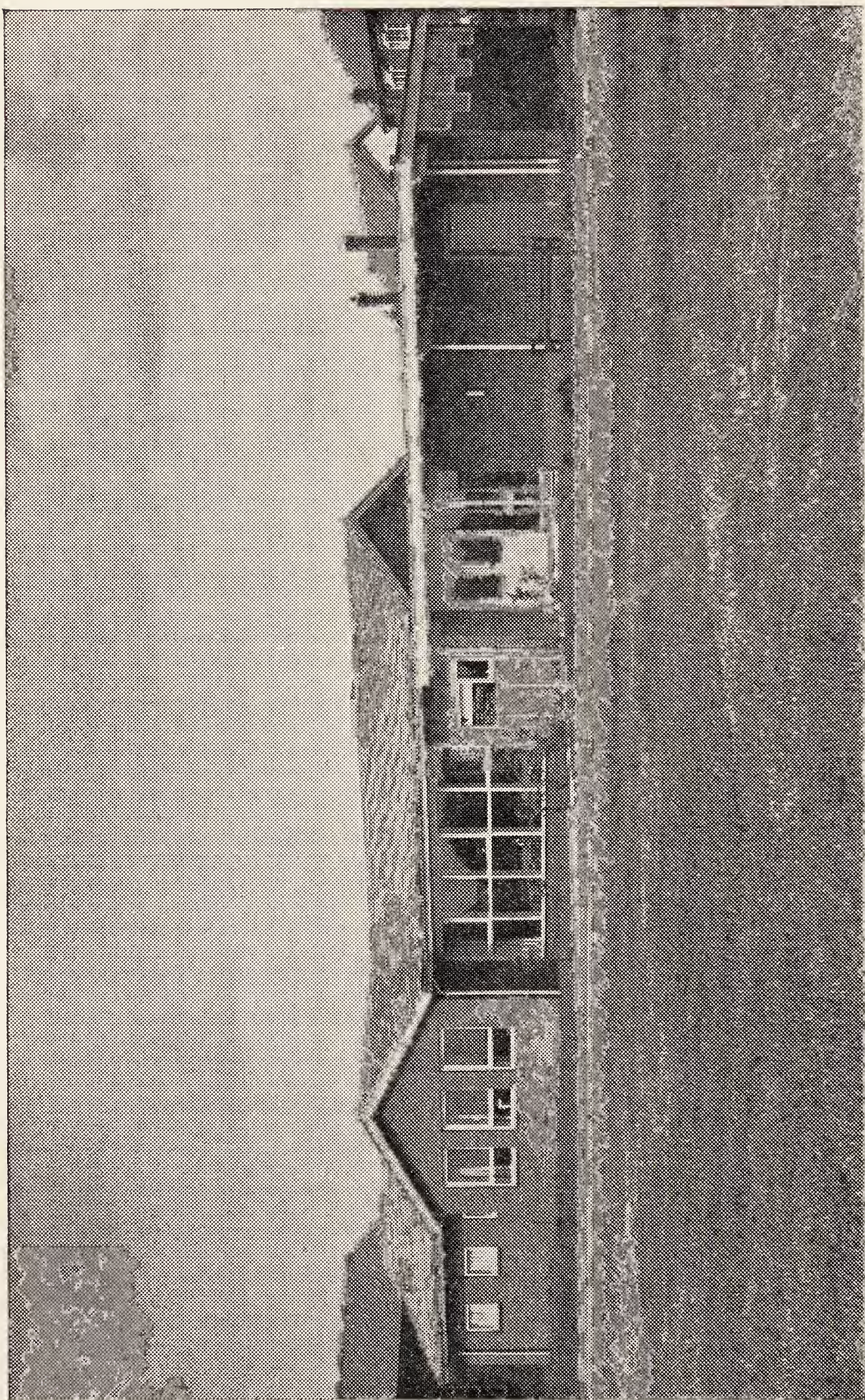
There was an increase in the number of children attending in each of the age groups (a) under 1 year, (b) 1-2 years and (c) 2-5 years, as the following table demonstrates:—

Year of Attendance	Number of children who attended in the years 1960-61, in age groups		
	Under 1 year	1—2 years	2—5 years
1960	6,741	6,877	13,994
1961	7,001	6,947	14,292

At the end of 1961, there were 38,542 children under the age of five years in Northumberland, and a total number of 28,240 or over 73% attended the clinics. It is exceedingly satisfactory to note that the number of children in the older age-groups who attended, continued to increase. The attendances of these older children are mainly at special sessions, to which mothers are invited to bring the children for birthday examinations.

A new clinic at Brunton Park was brought into use during the year. This clinic had previously been operated in a church hall. Brunton Park and the neighbouring Melton Park, are relatively new building estates, where there are a large number of families with young children. The clinic in the church hall was heavily attended but it was not possible to operate ante-natal clinics there or undertake any health education. The provision of the new building has enabled these services to be instituted, and has also led to the establishment of a mothers' club.

The opening of the Brunton Park clinic has brought the number of new clinics built in Northumberland since the end of the war to eight, in addition to which ten buildings have been extensively converted and four existing clinics extended. The value of these clinics in a community of young families is immeasurable. The activities undertaken are not confined solely to the care of mothers and young children. At the larger clinics, school children also



BRUNTON PARK CHILD WELFARE CLINIC

attend the dental, orthopædic, ophthalmic and speech therapy sessions which are operated. Immunisation clinics for the whole community are also operated and have proved especially valuable when immunisation campaigns were being organised. The permanent clinics also provide centres for the local administration of the health authority services and a convenient meeting ground for members of the staff and other workers in the various social services.

Distribution of Welfare Foods.

The distribution of welfare foods is another valuable service which is carried out at all the clinics.

The following table demonstrates the distribution during the year.

Year	National Dried Milk	Cod Liver Oil	Vitamin A. & D. Tablets	Orange Juice
	Tins	Bottles	Packets	Bottles
1958	167,995	32,527	22,019	264,317
1959	152,949	32,279	24,008	279,059
1960	140,663	32,192	24,884	272,899
1961	114,617	22,318	18,200	161,478

A postal service was operated from the central food store.

Number of distribution points for sale of welfare foods—102.

On the 1st June, the Government increased the prices of orange juice, cod liver oil and Vitamin A and D tablets and, in consequence, there was a substantial drop in the amount of each commodity distributed. On the other hand, sales at clinic prices of proprietary dried milks and vitamin supplements were increased during the year, although the number of products available was not extended.

During October, arrangements were made to receive increased supplies of national dried milk and an emergency supply of evaporated milk to enable children under one year of age to receive processed milk instead of fresh milk in the event of iodine 131 reaching a danger level, as a result of Russian nuclear tests. It was not, however, necessary for these arrangements to be put into operation.

Ante-natal Clinics.

It is satisfactory to be able to report that in 1961, as in each of the preceding four years, there was a marked increase both in the number of mothers attending ante-natal clinics and in the total attendances.

Year.	No. of Expectant Mothers attending.	Total No. of Attendances.
1957	6,075	22,747
1958	6,209	25,297
1959	6,408	26,702
1960	6,559	27,496
1961	7,018	30,991

Two new clinics, both in rural areas and both attended by the local general practitioners, were opened during the year.

It is a great pleasure each year in the annual report to have the opportunity of expressing appreciation of the co-operation shown by the general practitioners in the operation of the ante-natal clinics. To this, added to the devotion to the welfare of the expectant mothers displayed by the health visitors and midwives, must be attributed most of the popularity of the service, which is reflected in the increasing attendances. It is hoped that as the building programme develops and permanent clinics are provided in rural areas, the number of practitioners participating may be still further increased.

Another factor in the successful operation of the ante-natal clinics is the increasing popularity of the relaxation classes. The physiotherapists who conduct them carry out their duties with keenness and enthusiasm. Their instruction, combined with the films which illustrate it, and the talks and demonstrations arranged by the health visitors, together form a most effective programme of ante-natal education.

The attendances at the relaxation classes are set out in the following table:—

Clinic.	Attendances		No. of half day Sessions
	First Visits	Re-Visits	
Alnwick	53	269	47
*Ashington	43	259	52
Bedlington Station	69	404	46
Blyth	132	1,102	92
Gosforth	111	765	56
*Haltwhistle	27	165	18
Hexham	46	272	48
Morpeth	65	435	45
*Newbiggin	19	119	34
Ponteland	44	356	45
*Prudhoe	3	25	9
*Seaton Burn	80	496	46
Seaton Delaval	33	222	47
Throckley	63	449	47
Tweedmouth	68	381	49
Wallsend	199	729	93
Whitley Bay	156	1,137	52
Totals	1,211	7,585	826

* These clinics are supervised by health visitors and midwives.

Relaxation classes commenced at Haltwhistle 11th July, Newbiggin 11th April and Prudhoe 1st November, 1961.

One activity which occupies a great deal of time of the staff, but which is of the utmost importance, is the taking of blood specimens. The majority of the mothers who attend have a rhesus and wasserman test, and two hæmoglobin estimations. This represents a tremendous volume of work, but the results in the detection of anæmia in the mother, and the saving of infant life when rhesus incompatibility is demonstrated and the appropriate measures taken, fully justify all the energy that is expended on it. In 1961, only one infant death was attributed to hæmolytic disease. Blood specimens were taken for 8,003 hæmoglobin estimations, 4,782 rhesus and 4,155 wasserman tests.

Post-Natal Examinations.

The mothers in attendance at the clinics are constantly reminded of the value of post-natal examination, but tend to ignore it once the confinement is safely over, and they are occupied with the care of the infant. However, the number of post-natal examinations, which are also carried out at the ante-natal clinics, continues to increase each year.

Year.	No. of mothers attending.	Total No. of attendances.
1957	1,868	2,131
1958	1,901	2,189
1959	1,900	2,222
1960	1,983	2,194
1961	2,058	2,349

These numbers do not represent all the post-natal examinations which are carried out, as a number take place at hospitals and at the surgeries of the general practitioners.

Women's Advisory Clinics.

The Women's Advisory Clinics operated by voluntary committees affiliated to the Family Planning Association, to which the County Council pays an annual grant, were continued at Berwick, Ashington, Blyth and Newcastle upon Tyne. All of them except the last are operated in County Council clinics.

The Health Department administer these clinics directly at Hexham and Alnwick, and the numbers in attendance in 1961 were as follows:—

Clinic	Attendances		No. of half-day sessions
	1st Visits	Re-Visits	
Alnwick	66	136	25
Hexham	65	224	36

Consultant Clinics.

The operation of consultant clinics in ophthalmology, orthopædics and speech therapy at child welfare clinics is a tremendous advantage for mothers of pre-school children, especially in rural areas. It saves them the inconvenience of a journey to hospital and the children are much less apprehensive in the familiar surroundings of the clinic.

The number of pre-school children who attended the ophthalmic and orthopædic clinics during the year was as follows:—

	YEAR.				
	1961.	1960.	1959.	1958.	1957.
OPHTHALMIC—					
Number of pre-school children examined	1,136	1,107	1,049	1,087	961
Number of spectacles prescribed ...	240	211	274	279	257
ORTHOPAEDIC—					
Number of new cases who attended	698	740	632	537	540
Number of old cases who attended	916	859	1,212	1,293	1,612

During the year, 125 pre-school children were treated at the speech therapy clinics, compared with 152 in the previous year.

Pre-school children with speech defects undergo preliminary screening tests for hearing loss by specially trained health visitors. If hearing loss is suspected, confirmatory tests are carried out by specially trained Assistant Maternity and Child Welfare Medical Officers. Should they consider deafness to be confirmed, the children are referred to the senior ear, nose and throat consultant for the area for further action.

The prevention of deafness scheme also includes the routine screening by health visitors of babies in special risk groups at 9 months and again at 2 years. Should deafness be suspected, a similar course of action to that described above is followed.

Any pre-school child with a speech defect which is not considered to be due to deafness, may be referred to the Speech Therapist for treatment.

Immunisation of Pre-School Children.

The number of pre-school children protected by the use of triple antigen showed a further increase in 1961, whilst those protected by other methods continued to decrease in number.

Year.	Triple Antigen.	Diphtheria and Pertussis (combined).	Diphtheria only.	Pertussis only.	Total
1957	—	5,220	618	159	5,997
1958	2,521	3,234	248	95	6,098
1959	5,037	1,914	342	19	7,312
1960	6,449	843	158	8	7,458
1961	7,399	188	96	2	7,685

Bowmer Bank Ante-Natal and Post-Natal Hostel.

Excellent work is carried out at this hostel, which provides for the needs of unmarried expectant mothers who are unable to remain in their own homes for the later stages of pregnancy and the post-natal period. They are admitted to hospital for confinement.

The following statistics relate to the number of admissions and discharges from the hostel during the year:—

Resident on 31st December, 1960	10	(4 ante-natal and 6 mothers
Admitted during 1961	49	with babies).
Discharges during 1961—		
1. Prior to delivery	11	
2. Mothers discharged home with babies	17	
3. Mothers discharged to em- ployment with babies ...	2	
4. Mothers discharged whose babies were adopted ...	15	
5. Mothers discharged whose babies were placed under foster care by Children's Committee	3	
6. Stillbirth	1	
	—	
Total ...	49	
	—	

Residents on 31st December, 1961	10	(4 ante-natal and 6 mothers with babies).
----------------------------------	----	----------------------------------------------

Day Nurseries.

The day nursery at Wallsend continued to function during the year, and a total of 5,568 attendances were made.

NURSERIES AND CHILD MINDERS' REGULATIONS ACT, 1948.

Under the provisions of the above Act, registration may be of premises in which case the institution is referred to as a day nursery, or children may be received for care into the home of the person undergoing registration, in which case the person is registered as a daily minder.

	Year	
	1961	1960
Nurseries:—		
Registered at end of year	5	6
Children provided for	80	89
Daily Minders:—		
Registered at end of year	15	19
Children provided for	165	211

NURSING HOMES.

Two maternity homes in Gosforth with a total of 22 beds continued to function and were inspected. A combined rest home and nursing home in Hexham was able to cater for six nursing cases and a high standard of care was maintained at all three homes.

REGISTRATION OF HOMES FOR OLD AND DISABLED PERSONS.

A total of 20 houses were registered in accordance with Section 37 of the National Assistance Act, 1948. The total number of beds was 234 and regular inspections were made by the County Welfare Officer and by a member of my staff.

DENTAL SERVICE.

(Mr. A. E. Robinson, F.D.S.R.C.S.)

The dental treatment provided for expectant and nursing mothers and children under five years of age during 1961 was again carried out by the school dental officers, a total of 1,000 sessions being devoted to this work, compared with 1,006 sessions in the previous year.

The work was carried out in the following areas in the county:

<i>Area.</i>	<i>Dental Officer.</i>
1. Alnwick	Miss S. M. Crute, B.D.S.
2. Amble	Mr. J. W. Russell, L.D.S.
3. Ashington	Mr. R. S. Ferrell, L.D.S.
4. Bedlington Station	Mr. W. Hedley, B.D.S.
5. Blyth	Mr. H. J. Coombes, L.D.S.
6. Cramlington	Mr. T. M. Mahadervan, L.D.S.
7. Dudley	Mr. W. Robson, L.D.S.
8. Forest Hall	Mr. G. C. J. Long, B.D.S.
9. Glendale	Mr. R. W. Whittingham, B.D.S.
10. Gosforth	Miss M. I. Lamb, L.D.S.
11. Guide Post	Mr. R. M. Foulds, L.D.S.
12. Haltwhistle } ...	Mr. R. S. Bodenham, B.D.S.
13. Hexham Urban } ...	
14. Morpeth	Mr. S. J. Smithson, L.D.S.
15. Newbiggin	Mr. R. J. B. Smith, L.D.S.
16. Newburn	Mr. M. G. Jones, B.D.S.
17. North Tyne	Mr. T. A. Ireland, L.D.S.
18. Prudhoe	Miss S. E. Long, L.D.S.
19. Seaton Delaval	Mr. A. E. Robinson, F.D.S.R.C.S.
20. Shiremoor	Mrs. W. S. Drury, L.D.S.
21. Throckley	Miss H. C. Gent, B.D.S.
22. Tweedmouth	{ Mr. W. P. Neilson, L.D.S. Mr. G. C. J. Long, B.D.S.
23. Wallsend	
24. Willington Quay	Mr. J. F. Horseman, L.D.S.
25. Whitley Bay	Mr. E. G. Stuart, B.D.S.
	Mr. P. W. Gale, L.D.S.

General Observations.

As is mentioned above the time devoted to the dental treatment of mothers and young children during 1961 was very similar to that in the previous year. There was, however, a gratifying increase in the number of both mothers and young children who attended for examination.

In the case of expectant and nursing mothers this figure increased from 1,358 in 1960 to 1,597 in 1961. Similarly in the case of pre-school children 1,848 were examined in 1960 and this figure increased to 2,421 in the year under review.

One sees on reference to Table 16 that not only is there a considerable increase in the number of patients who attended for examination, but this increase is reflected throughout the table, with one exception and that is the number of dentures supplied. This fall of nearly 100 dentures is accounted for by the fact that during the year the National Health Service Act was amended making it possible for expectant or nursing mothers to attend any dentist working in the National Health Service and receive free dental treatment,

including the provision of dentures if necessary. It seems very likely, therefore, that the number of dentures provided by the Authority for these patients will show a steady decrease in the future.

The great weakness in the present structure as far as local authority dental services is concerned, is the fact that after expectant or nursing mothers are rendered dentally fit, they are not eligible to return for a dental check up or further treatment after the baby has reached the age of twelve months. Many of them ask if they may come back to the clinic for further treatment, only to be told that they can not unless they are expecting another baby. They also frequently express the wish that they could attend for treatment at any time during the years when they have very close associations with the welfare clinics, in other words until their children start attending school.

Great sympathy is felt for young mothers who put forward such views, and who naturally do not like the idea of having to change their dentist as soon as their first baby reaches the age of twelve months. It seems a logical assumption that freedom of choice might apply and the patient be free to choose between the local authority dental officer and his colleague in the National Health Service, and not be restricted to the present statutory period of about eighteen months. One wonders if something could not be done in some areas to meet this request, providing it does not jeopardise in any way the chances of early treatment for those mothers for whom the service is primarily provided.

During the year 2,421 pre-school children were examined by the dental officers, an increase of 573 over the previous year. Of the 2,421 pre-school children examined 23% were found to be free from dental decay.

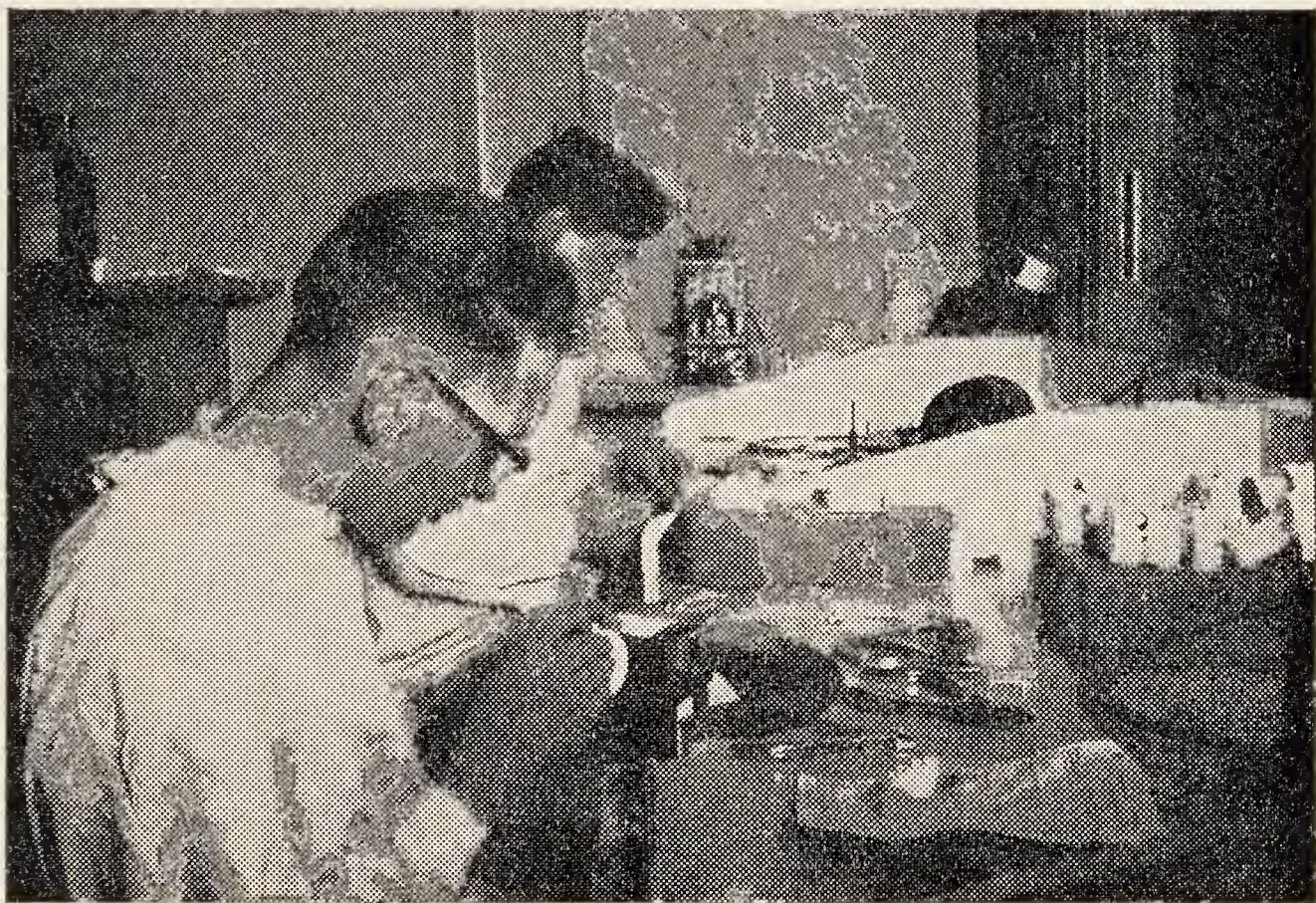
This increase is accounted for by the fact that most of the children are now automatically referred from the birthday clinics to the dental officers for routine examination. This visit enables the dentist to advise the mother on dietary factors, oral hygiene and the dangers of excessive sweet eating, etc. It also introduces the small child to the dental surgery for the first time and since in many cases the teeth are sound at this stage, there are no unpleasant associations when the child has to return again in six months time for further examination, and in this way the young patients are gradually brought up to make these periodic visits to the dentist without apprehension.

It is quite surprising to see a number of these young children with a marked anterior open bite as a result of dummy and thumb sucking. In many instances as the child's teeth are free from decay, this state of affairs has never been noticed by the parent, and they are most surprised when the condition is brought to their notice. Steps are usually taken to dispose of the dummy, or an attempt is made to check the thumb sucking before it develops into a serious habit.

The number of fillings provided for these children showed a slight increase, and the number of extractions increased from 1,886 to 2,267, most of these being done under general anaesthesia. A panel of specialist anaesthetists again gave cover for the whole of the county area, and general anaesthetics were administered for the extraction of teeth on 1,114 occasions, this includes both mothers and young children.

Dental Laboratory.

This report would not be complete without reference to the dental laboratory. The staff consisting of a chief technician and four technicians, was increased during the year by the new appointment of an apprentice technician in September, 1961.



A WORK BENCH IN THE DENTAL LABORATORY

The boy appointed is completely deaf, and in spite of this great handicap is showing great promise in his practical work. He is also attending a course at the technical college and will ultimately take his City and Guilds diploma in Dental Technology.

During the year the laboratory turned out 655 complete, 251 partial dentures and repaired 36. Five complete dentures and two partial dentures were also supplied for pre-school children. In addition to this work the laboratory also constructed 957 orthodontic appliances for the School Health Service.

In conclusion I should once more like to thank my medical and dental colleagues for their great help and co-operation in all of the clinics throughout the year.

PUBLIC HEALTH NURSING SERVICE.

The Public Health Nursing Service has been administered as a co-ordinated service for several years and teamwork has progressively developed in the field. The need to equip staff for their widening field of work has been reiterated by all leaders of the profession and planning in-service educational programmes.

POST-GRADUATE COURSES AND IN-SERVICE EDUCATION.

During the year, 13 health visitors attended refresher courses arranged by the Royal College of Nursing, Women Public Health Officers' Association and the Central Council for Health Education; 19 midwives attended courses arranged by the Royal College of Midwives and two district nurses attended a course on "The Care of the Aged" arranged by the Royal College of Nursing.

Periodic residential refresher courses continue to be of very great benefit to the staff who find them informative, stimulating and invaluable in helping them to keep abreast with new ideas and methods. The opportunity which is afforded to meet and talk with colleagues from other areas and other disciplines is also very much appreciated.

The reports on these courses, which have been given at staff conferences, were of a very high standard and continue to be an excellent means of disseminating, to the whole of the staff, the new knowledge gained.

Staff conferences for senior health visitors, health visitors and district nurses and midwives were held. An excellent film on the subject of mouth to mouth breathing, "That They May Live," was shown and the Senior Maternity and Child Welfare Medical Officer reported on the National Association for Maternity and Child Welfare Conference and highlighted the research which had been done in the field of peri-natal mortality. Ministry circulars which were discussed included "Human Relations in Obstetrics," "The Prevention of Prematurity" and "The Services Available for Old People."

One joint conference for all the public health nursing staff was held at which the Principal Nursing Officer gave a most interesting talk, illustrated by coloured slides, of her tour of South Africa and the public health services in that country.

Further courses of instruction in relaxation for groups of midwives and health visitors were given. The midwives find the knowledge gained a great help when caring for mothers in labour and both they, and the health visitors, have taken relaxation classes for expectant mothers when a physiotherapist was not available.

All the health visitors and 20 district nurses and midwives attended a one day course on tuberculosis and chronic chest diseases arranged

in conjunction with the Medical Superintendent of Wooley Sanatorium. Staff from neighbouring authorities attended.

Members of the public health nursing staff attended a week-end conference on Health Education held at the Walbottle School arranged by the Education Department, also a one day course on "The Role of the Nurse in a Nuclear Emergency" and one health visitor attended a special course on "The Emotional Problems of Childhood" inaugurated by the Newcastle upon Tyne Health Department.

A further course on the subject of "Geriatrics," consisting of two lecture discussions and a clinical round at Moor Park Hospital, was held for district nurses. Other groups of the staff participated in study days held at the Royal Victoria Infirmary.

We are indebted to Boards of Governors, Management Committees, Matrons and nursing staffs of these hospitals for providing such excellent facilities.

Health Visiting Service.

The establishment of health visitors remained at 95. Recruitment was successful and the staffing position again improved. During the year five health visitors resigned their appointments, two to take up other appointments, two because of marriage and domestic circumstances and one health visitor transferred to the district nursing service. One health visitor was granted leave of absence to take a course in nursing administration at the Royal College of Nursing. Eight health visitors were appointed, including five newly qualified under the Council's Grant Aided Scheme of Training. Staff at the end of the year was 88 full-time and two part-time health visitors and four school nurses.

Four students commenced training under the Council's scheme, three in London and one in Newcastle.

Statistics relating to health visitors' work were as follows:—

Children under 1 year—						
First visits	...	...	...	...	...	8,077
Re-visits (first visit to child during year)	...	...	...	...	...	6,500
Other re-visits	...	...	...	...	...	28,101
Children between 1 and 2 years—						
First visits during year	...	...	...	...	...	6,884
Re-visits	...	...	...	...	...	15,796
Children between 2 and 5 years—						
First visits during year	...	...	...	...	...	17,854
Re-visits	...	...	...	...	...	28,834
Expectant Mothers—						
First visits	...	...	...	...	...	1,929
Re-visits	...	...	...	...	...	1,744

Mental Health—							
Subnormality	...	...	...	...	...	...	369
Mental illness	...	...	...	...	...	...	218
Other	...	...	...	...	...	...	362
Visits in connection with—							
Infant death enquiry			...	...	...	...	45
Stillbirth enquiry	...	...	...	...	...	...	16
Prevention of break up of families					...	...	807
Aged persons	...	...	...	...	...	...	6,142
Care and after-care	...	...	...	...	...	...	881
Others	...	...	...	...	...	...	6,418
Tuberculosis—							
First visits	...	...	...	...	...	...	268
Re-visits	...	...	...	...	...	...	1,781
Attendance at chest clinics	...	...	...	...	...	...	188
Visits to tuberculosis households	...	...	...	...	...	...	2,261
Miscellaneous—							
First visits during year to families for all reasons	...						34,454
Number of consultations at headquarters	...	...					24,592
Talks to schoolchildren	...	...	...	...	...	...	776
Home visits to school children	...	...	...	...	...	...	9,891

These statistics reflect the changes in the pattern of the health visitors' work.

There was an increase in unclassified visits which indicated that more visits were paid to the various social agencies and in contacting other medical and social workers concerned with family welfare. The health visitor is no longer working in isolation, but as a member of a team, working together for the benefit of the families concerned.

There was a welcome increase in the visits paid to the 2–5 age group. The education of mothers on the emotional development and management of children is of paramount importance in helping to provide for the children the kind of environment which will give the best opportunity to develop stable and healthy personalities. The prevention or early detection of personality disorders in the early years would do a great deal to reduce the incidence of mental instability and illness in later life.

The routine testing of all infants for phenylketonuria and the screening tests for hearing of children in groups at risk, which have occupied a considerable amount of health visitors' time, are also valuable preventive measures.

The Ministry of Health has directed attention to the need for more frequent and detailed observation of children in groups at risk to enable defects to be ascertained at the earliest possible age.

There was again an increase in the number of consultations at headquarters, apart from clinic sessions. It was gratifying that more people used the clinics as advisory centres dealing with family problems.

Several health visitors took part in a research project on chronic bronchitis inaugurated by the Consultant Physician at the Royal Victoria Infirmary, Newcastle upon Tyne. Chronic bronchitis is a growing problem in the community and accounts for a great deal of morbidity and loss of work as well as being one of the principal causes of death. The object of the research was to discover the environmental factors concerned with patients suffering from the disease in its very early stages, when means of arresting or curing the disease can be effective. Its success will depend a great deal on the follow-up work of the health visitor in the home.

Health visitors also took part in an investigation of childhood malignancy initiated by the Medical Research Council. The investigation is a result of the increase in childhood deaths from this cause and the health visitors' relationship with the families concerned has been invaluable in gaining the co-operation of the parents.

TUBERCULOSIS.

The health visitors' work in this field was mainly on the ascertainment of sources of infection of new cases and the follow-up of family contacts of school children found to have a positive reaction to the heaf test. The health visitors worked in close co-operation with the chest physicians in following-up patients who defaulted from attendance at the chest clinics and those who needed help and support in carrying out treatment at home. Education of the public in the need for regular examination and the acceptance of preventive vaccination for the group at risk remains an important feature of the work.

SCHOOL HEALTH SERVICE.

Routine work in the urban schools was carried out very successfully by the health visitor assistants who maintained a high standard of service. Health visitors kept regular contact with the teaching staffs and the children to observe defects and ascertain problems and difficulties which might be related to the home environment. The health visitors' liaison with the parents is of the greatest value as the importance of the social aspects of illness is increasingly recognised.

More head teachers have requested the help of the health visitors in giving mothercraft instruction to the senior girls and 15 health visitors gave full courses of instruction for the Mothercraft Certificate awarded by the National Association for Maternal and Child Welfare and one health visitor prepared girls for the British Red Cross Certificate. 430 girls were awarded certificates during the year. At 13 other schools, shorter courses of instruction were given

and groups of schoolgirls attended clinics to observe the work. This early introduction to the maternity and child welfare services will undoubtedly influence their use of them later.

The senior health visitor's work with the adolescent girls attending Northumberland Technical College has been very successful and was highly commended by the teaching staff.

CO-OPERATION WITH THE GENERAL PRACTITIONER.

The opportunities afforded to health visitors for meeting and working with doctors in the ante-natal clinics held in local authority premises has undoubtedly led to further co-operation in other spheres. Problems relating to infant care and feeding and the care of aged persons are frequently referred to them. Three health visitors attended ante-natal clinics and one health visitor attended a child welfare session held in the doctors' own surgeries. In one area, the health visitor visited the ante-natal clinic of a large group practice and invited the mothers to attend the ante-natal classes held in the local authority premises. Health visitors who organised courses of instruction for expectant mothers always contacted the general practitioners and acquainted them with the programme of talks to which their patients would be welcomed.

In one large urban area, the general practitioners periodically gave the health visitors a list of bookings to enable them to contact expectant mothers and arrange for their attendance at talks and relaxation classes held in the clinic.

HEALTH EDUCATION.

A very fruitful field of health education is with Women's Guilds and Young Wives' Groups connected with the various churches. Many health visitors were asked to speak to these groups. Health visitors also gave talks to various youth groups and gave instruction to Red Cross cadets in home nursing and mothercraft. The opportunities to speak to adolescent groups were welcomed as this enabled the health visitors to get ideas over at a very impressionable age. Talks were also given to Over 60's and Darby and Joan Clubs, thus extending health education to all age groups.

CARE OF THE AGED.

Health visitors and district nurses shared responsibility for the supervision of aged persons. In the rural areas, particularly, this co-ordination saved a good deal of travelling time and ensured a closer and more frequent contact with individual old people. Voluntary workers undertook a good deal of friendly visiting and public health nursing staff worked in close co-operation with them in an attempt to ensure that no-one in need was overlooked.

MOTHERS' CLUBS.

Mothers' Clubs are now established in 21 areas. A new club commenced in Tweedmouth during the year. Discussion groups, which have been developed at many of the clubs, have shown the young mothers of today to have a lively interest in this method of learning and to be surprisingly knowledgeable of contemporary ideas of child care and family life.

VISITORS TO THE COUNTY.

Several visitors from overseas came to observe the administration of the health services in the County. There were visitors from Denmark, Yugoslavia, Mauritius and South Africa. In addition, two students taking the administrative course at the Royal College of Nursing spent two weeks in the health department and one official of the College spent a week here.

A health visitor student from the London County Council Training School came to Northumberland for two weeks' practical experience.

Health visitors took part in the practical training of students from the Newcastle Training School. Health visitors, district nurses and midwives assisted in giving practical experience of the local authority services to student nurses from Hexham General Hospital.

Midwifery and Home Nursing Service.

A satisfactory staffing position has been maintained throughout the year. There have been six resignations, five retirements and 10 permanent appointments made. At the end of the year, 120 permanent staff and 17 relief staff were employed.

It is with regret that we have to report the deaths of two members of staff.

The recruitment of district nurses presented no difficulty. An increasing number of applications for posts have been from married women and there is every indication that this is a trend which will continue. Over 50% of the present staff are married and experience has shown that a career in district nursing is eminently suitable for them.

Recruitment of midwives proved a little more difficult, but overall, the number of midwives was adequate for the service.

MIDWIFERY.

The following notifications of intention to practice were received:—

Total.	County Council.	Hospitals.	Private Practice (including Nursing Homes).
198	96	84	18

During the year a Ministry Circular was received concerning a general shortage of midwives and outlining suggestions for the more effective use of their services and for making the practice of midwifery more attractive.

Some of the recommendations in this circular had already been implemented in this County, for example, the provision of motor transport, car allowances and assisted car purchase schemes. In addition, driving tuition is given to new members of staff, when required.

Reviewing of all nursing areas continued to be undertaken from time to time and every endeavour made to provide an adequate service for the population and to ensure the best use of nursing personnel.

The number of domiciliary cases continued to decline and in 1961 there were 231 fewer home deliveries than in the previous year. In rural areas particularly the need for midwives is decreasing and, where practicable, the appointment of district nurses rather than district nurse midwives would appear desirable. This has been done successfully in one area in the west of the county where two nurse midwives had four deliveries between them during the year.

The number of mothers discharged early from hospital has increased. A total of 5,000 were attended, 408 having been sent home within three days of delivery.

Sustained efforts have been made to further the quality of ante-natal care and to bring about a closer liaison with maternity hospitals and family doctors. Seven midwives attended ante-natal clinics held in doctors' surgeries. Increasing use was made of the co-operation card and this is of undoubted value in ensuring that essential information is available for all concerned with the care of the expectant mother.

Six pupil midwives commenced training, four of whom qualified and two remained in training at the end of the year. One commenced midwifery practice in the county on qualifying. In addition to the experience required by the Central Midwives Board the training of each pupil was enriched by giving her an overall picture of the services available to mothers in Northumberland.

Two nursing officers, one health visitor and one district nurse/midwife served on the two Maternity Liaison Committees in the county.

An experiment in the use of a mobile radio unit in a domiciliary midwife's car was carried out in a large development area. One of the outstanding difficulties in areas such as this is the lack of telephone facilities. Utility services invariably lag behind the influx of families and this aggravates the feeling of isolation and displace-

ment of the people moving in. Outgoing calls were sent by radio from the midwife's car to the nearest ambulance station and telephoned by the radio operator to a doctor. Although not used frequently it gave the midwife a sense of security with regard to medical aid. The experiment was discontinued when the telephone service became available in the area.

It was reported in 1960 that a call house and weekly consultation clinic had been established for the residents of Kielder Forestry village. This experimental scheme was provided in response to the expressed anxiety of the villagers concerning the difficulty of obtaining medical and nursing assistance. The situation was kept under review and at the end of 1961, as neither clinic nor call house had been utilised, these services were discontinued.

HOME NURSING.

During the year there has been an increase of 45 in the number of new cases attended by the district nurses and of 13,174 in the number of visits paid. This increase has been mainly to patients in the age group 65 years and over. In addition, there has been an increase from 8,653 to 9,198 in the social and advisory visits to the aged.

The trend for the district nurses' work to be increasingly concerned with the care of the aged has been noted for several years and every effort has been made to equip members of the staff for this type of work. A further course on the subject of geriatrics was held during the year and attended by 40 nurses. Two nurses attended a residential course on the subject of rehabilitation. It has been gratifying to see the interest and enthusiasm which has been aroused amongst the staff on this subject. In many instances active rehabilitation has taken the place of long term sick nursing and the good effect of this on the patient, his family and all concerned cannot be over-emphasised. Many patients, particularly those who have sustained strokes, have been enabled to regain a degree of function and independence which would not have been thought possible years ago.

During the year, 1,685 incontinent patients were attended by the district nurses, the majority of whom received two visits a day. In the latter part of the year, disposable incontinence pads were provided for the most necessitous cases and their value in easing the burden which falls upon families who care for incontinent relatives has been proved beyond doubt.

Trials of other disposable equipment, in particular pre-sterilised syringes and needles, have also been made during the year. With this type of equipment, not only is the risk of infection minimised but there is also a considerable saving of the nurses' time.

The development of the home nursing service where male nurses have been appointed is of interest. In each of the two areas concerned there has been a marked increase in the number of male patients referred for nursing care. Male patients, particularly those with genito-urinary disorders have been able to receive all treatment at home, thus obviating the need for frequent return visits to hospital. General practitioners and patients have expressed their appreciation of the work done by the male nurses and many requests for their services, from outside their own areas, have been received. There is every indication that the male nurse fills a very real need in the home nursing service, though the extent of the need may not be apparent until the appointment is made.

The Marie Curie Memorial Foundation "Day and Night Nursing Service," which was inaugurated in 1960, has expanded considerably during the year. A night nurse was provided for varying periods for 65 patients in the terminal stage of their illness. This service is undoubtedly filling a very real need and has been greatly appreciated by the patients and their families.

VACCINATION AND IMMUNISATION.

DIPHTHERIA, WHOOPING COUGH AND TETANUS.

The number of babies under 1 year who completed a full course of immunisation against diphtheria was 5,750, a further improvement on 1960.

The full figures are shown in the table beneath:—

DIPHTHERIA IMMUNISATION.

Sub-Committee Area	Number of children who completed a full course of primary immunisation during 1961.				Number of children who received a secondary (reinforcing) injection (i.e. subsequently to primary immunisation at an earlier age) during the year 1961.			
	Age at Date of Final Injection.				Age at Date of Final Injection.			
	Under 1 year	1—4 years.	5—14 years.	Total.	Under 1 year.	1—4 years.	5—14 years.	Total.
North No. 1 ..	341	61	16	418	—	115	105	220
North No. 2 ..	424	105	19	548	—	247	139	386
Central	964	163	65	1,192	—	1,580	451	2,031
East	388	521	150	1,059	—	279	833	1,112
South	1,226	169	313	1,708	2	875	1,118	1,995
South East ..	1,476	657	202	2,335	—	554	295	849
West	346	120	24	490	—	145	213	358
Wallsend	585	139	156	880	—	572	571	1,143
Totals 1961 ..	5,750	1,935	945	8,630	2	4,367	3,725	8,094
1960 Totals for comparison ..	5,584	1,874	1,692	9,150	—	3,001	10,092	13,093

The increasing popularity of triple antigen has given 7,722 children full protection during the year from diphtheria, whooping cough and tetanus.

Reference to the following table shows the tremendous amount of work involved throughout the county:—

WHOOPING COUGH VACCINATION.

SUB-COMMITTEE AREA.	Triple Antigen.				Diphtheria and Pertussis.				Pertussis only.				Total.			
	Age at date of final injection.				Age at date of final injection.				Age at date of final injection.				Age at date of final injection.			
	Under 1 year.	1—4 years.	5—14 years.	Total.	Under 1 year.	1—4 years.	5—14 years.	Total.	Under 1 year.	1—4 years.	5—14 years.	Total.	Under 1 year.	1—4 years.	5—14 years.	Total.
North No. 1 ...	304	59	15	378	36	1	1	38	—	—	—	—	340	60	16	416
North No. 2 ...	417	95	8	520	4	5	1	10	—	—	—	—	421	100	9	530
Central ...	590	157	13	1,120	—	—	—	—	—	—	—	—	950	157	13	1,120
East ...	388	501	27	916	—	6	41	47	—	—	—	—	388	507	63	963
South ...	1,170	147	36	1,353	35	10	1	46	—	—	—	—	1,205	157	37	1,399
South East ...	1,456	618	186	2,260	19	63	24	106	—	1	1	2	1,475	682	211	2,368
West ...	317	100	29	446	—	8	1	9	—	1	—	1	317	109	30	456
Wallsend...	583	137	9	729	1	—	—	1	—	—	—	—	584	137	9	730
Totals ...	5,585	1,814	323	7,722	95	93	69	257	—	2	1	3	5,680	1,909	393	7,982
1960 Totals for comparison ...	4,982	1,467	281	6,730	545	298	41	884	7	1	5	13	5,534	1,766	327	7,627

SMALLPOX.

There was no recorded case of smallpox in Northumberland during the year.

VACCINATION AGAINST SMALLPOX.

SUB-COMMITTEE AREA.	Age at date of Vaccination.										
	Number vaccinated during period.						Number re-vaccinated during period.				
	Under 1 year	1 year	2—4 years	5—14 years	15 years or over	Total	Under 1 year	1 year	2—4 years	5—14 years	15 years or over
North No. 1	254	18	11	9	13	305	—	3	6	11	34
North No. 2	343	26	9	14	19	411	—	—	1	6	50
Central ...	323	19	20	31	57	450	—	—	3	11	62
East ...	93	137	60	44	51	385	—	—	2	2	42
South ...	709	31	24	43	51	858	—	—	13	18	161
South-East	800	50	45	32	57	984	29	3	3	14	78
West ...	210	21	5	13	7	256	6	1	5	12	62
Wallsend ...	501	9	8	14	18	550	—	—	1	4	27
Total ...	3,233	311	182	200	273	4,199	35	7	34	78	516
Year 1960 Totals for comparison	3,026	318	179	169	331	4,023	9	7	38	93	553

It is interesting to note how parents have now started to take advantage of protection against smallpox compared with immediately before the war. In 1939, when vaccination was compulsory, 1,464 vaccinations were performed. In 1949, the year after vaccination was placed on a voluntary basis, 1,426 primary vaccinations were successfully completed and last year, the total reached 4,199.

POLIOMYELITIS VACCINATION.

Vaccination carried out during the year 1961:—

(i) Received two injections—

<i>Year of birth</i>	<i>Number vaccinated</i>
1943—1961 ...	11,447
1933—1942 ...	2,002
1920—1932 ...	8,376
Other groups ...	982
	<u>22,807</u>

(ii) Number of persons who received third injection—18,422.

(iii) Number of persons who received fourth injection—46,730.

Ministry of Health statistics at 31st December, 1961, showed that 87% of all persons under 19 years in the county had been vaccinated against poliomyelitis and it is pleasing to be able to report a second year without a childhood case of the disease.

AMBULANCE SERVICE.

The year commenced with the introduction nationally of a 42 hour week for all drivers and control assistants. This caused the establishment to be increased by 7 additional drivers. At the same time, a special report was prepared on the maintenance and servicing of vehicles and the Council decided to introduce for an experimental period of 12 months a scheme based on the Wideopen depot using direct labour. One charge hand and two motor mechanics were appointed and from February, 35 vehicles were serviced. Such progress was made by the staff that in September 5 vehicles from Whitley Bay depot were also included in the scheme.

The co-ordination commenced in 1960 continued to progress and statistics (excluding the car service) for the years 1959 to 1961 were as follows:—

	1959	1960	1961
Journeys	51,608	52,484	53,323
Patients	178,048	188,051	195,462
Mileage	1,560,347	1,562,364	1,561,289
Miles per Patient Ratio	8.7	8.3	8.0

In the last report, I was able to report the carriage of 10,000 more patients for an additional 2,000 miles. This year the patients have again increased by over 7,000 and the mileage has been reduced slightly. The miles per patient ratio showed a welcome improvement to 8.0, the lowest figure since 1955 when radio control was first introduced.

Total statistics are shown in Tables 18 and 19.

The new ambulance depot and driver's house at Prudhoe for one vehicle and one civil defence training vehicle was completed and opened during the summer.

Seven vehicles were replaced during the year and the introduction of blue flashing lamps on the roofs of ambulances for emergency purposes was approved. Six diesel ambulances and one petrol driven dual purpose vehicle were purchased.

There was no change in the agency arrangements with the British Red Cross Society, the St. John Ambulance Brigade and W. & J. Smith & Sons, of Thropton, all of whom continued to give most efficient service.

PREVENTION OF ILLNESS, CARE AND AFTER-CARE.

As has been reported elsewhere, the decline in notifications of tuberculosis continued last year and was less than half of the figure just six years ago.

This has resulted in less use being made of the County Convalescent holiday scheme in which only 4 men, 5 children and 62 women received a total of 1,000 convalescent days holiday. This is the lowest figure for many years and again less than half the period required just six years ago.

The social worker based at the Wallsend Health Centre continued to be in attendance at all chest clinics and was supported in her work by officers from the Ministry of Labour and the National Assistance Board.

Practical after-care in the shape of nursing requisites and appliances continued to be on loan through area health offices and district nurses and very large stocks of most items have been continually on free loan.

Chest Clinic Service.

There has been no change in the chest clinic service during the year in the county.

With the steady decline in the number of new cases of tuberculosis notified, it was possible for all clinics to concentrate on the examination and X-ray of contacts of new and old cases. Routine tuberculin testing of child contacts was carried out at chest clinics while testing and when necessary vaccination of school children came into the work of the school medical officers and details of their work will be found in the report of the school health service.

Mass Miniature Radiography.

The Newcastle Regional Hospital Board have two mobile units and these paid visits to many places and centres of industry in the county during the year.

Unit 1A based on Newcastle General Hospital paid visits to 10 industrial establishments and in addition general public sessions were held at Longbenton, Wideopen, Gosforth, Dinnington, Ponteland, Hazlerigg, Prudhoe, Westerhope, Cramlington, Fawdon, Lemington, Newburn, Throckley, Dudley, Forest Hall, West Moor and Burradon.

In all 7,266 persons were X-rayed and 7 active cases of tuberculosis were discovered.

Unit No. 2 and its lightweight unit spent a considerable part of the year in the county and as a result sixteen cases of tuberculosis were notified. A total of 15,303 persons were X-rayed by this unit and full details of the work will be found in Table 13.

B.C.G. Vaccination.

The number of persons vaccinated through the Authority's approved arrangements under Section 28 of the National Health Service Act during the year ended 31st December, 1961, is shown below :—

(a) Contact Scheme (Circular 72/49)					
(i) No. skin tested	...	...	...	...	1,170
(ii) No. found positive	...	...	...	...	124
(iii) No. found negative	...	...	...	...	1,031
(iv) No. vaccinated	...	...	...	...	1,032
(b) School Children Scheme ((Circular 22/53 and 7/59)					
(i) No. skin tested	...	...	...	...	7,455
(ii) No. found positive	...	...	...	...	1,038
(iii) No. found negative	...	...	...	...	5,983
(iv) No. vaccinated	...	...	...	...	5,964
(c) Students attending Further Education Establishments (Circular 7/59)					
(i) No. skin tested	...	...	...	...	4
(ii) No. found positive	...	...	...	...	Nil
(iii) No. found negative	...	...	...	...	4
(iv) No. vaccinated	...	...	...	...	4

Total number of persons vaccinated since beginning of scheme—33,392.

Occupational Therapy.

It was possible to maintain a full service of domiciliary occupational therapy for the greater part of the year, but at the end of 1961, both of the full-time staff had left the county service and no replacements had been appointed.

The majority of patients who received diversional therapy were physically handicapped to a fairly severe degree and the classes held at Ashington, Alnwick, Blyth and Wallsend continued to be fairly well attended. Those for whom transport could not be provided received weekly or less frequent visits in their own homes and were provided with instruction and materials by the occupational therapists.

Prevention of Break-up of Families.

The work of the co-ordinating committees has continued under the able guidance of the area executive medical officers, and the success that has been achieved in preventing the break-up of families has been due to the devoted work of health visitors, child care officers, probation officers, school welfare officers and others.

At the end of the year there were on the central register 143 families regarded by the area co-ordinating committees as "problem families," 25 families having been added during the year and 38 families removed. Of the 38 removals, 26 families were removed because the co-ordinating committees considered that they were sufficiently improved to warrant this, 8 families left the county and 4 broke up.

The special work of the Family Care Sub-Committee within the field was continued, but difficulties with staff were again experienced during the year. One family caseworker terminated her service in August and another in October. A new family caseworker was appointed in August, but, as it was not possible to arrange for her to commence three months' training at the Sheffield Family Service Unit until October, she did not resume duty in the county before the end of the year. One family caseworker was, in consequence, working single-handed for three months.

The arrangement for the utilisation of 40% of the time of the social worker employed by the Northumberland and Tyneside Council of Social Service continued during the year. The total number of cases which had been referred to this social worker from various sources or which had applied for help was 125, including 10 old cases which had been re-opened.

The following table shows the work undertaken during the year by the County Council's family caseworkers:—

(1) Number of families helped	...	...	...	37
(2) Number of new families taken into care	...	...	...	11
(3) Number of families in which care was re-commenced	...	...	...	1
(4) Number of families in which care was discontinued	...	...	...	23
(5) Number of children in families in (1)	...	...	...	188
(6) Number of children taken into care by Children's Department out of (5)	...	...	...	15
(These children came from four families. Three were from a family where the mother deserted the family; three were from a family where the marriage broke down temporarily and were later returned home; four were in care while the mother was in hospital; and five were removed from home because of the parents' neglect.)				
(7) Highest and lowest number of families in care at any one time	...	...	...	35 13

Work with these families continued along well established lines. Improvement was noted in some families. The tendency for families with psychiatric problems to be referred continued. Care was discontinued in three cases because no further improvement was likely from continued visiting and in twenty cases on account of the staff shortage. Of these latter families, two were transferred to health visitors, one was taken over by the social worker employed by the Northumberland and Tyneside Council of Social Service, fifteen were sufficiently improved to need no further visiting (although care had to be recommenced in one family later), one broke up and one was unlikely to benefit from further visiting.

During the year two families were admitted to the Elizabeth Fry Home at York for rehabilitation. Members of another family were again guests of Brentwood Recuperative Centre in Cheshire.

Much assistance was given by bodies such as Dr. Barnado's Home, Save the Children Fund, Soldiers', Sailors' and Airmen's Families Association and Women's Voluntary Service. A number of children had holidays arranged for them by the Poor Children's Homes Association.

The Chairman of the Family Care Sub-Committee kindly arranged a half day's outing for some of the mothers and children, and she also arranged a party for the children at Christmas.

Prevention of Venereal Diseases.

CONTACT TRACING.

The total number of contacts sought within the area was 32, four of whom were men. 26 female contacts named were identified, five by contact tracers and 21 by patients themselves. These contacts represented 25 patients as one woman was named twice.

Of the 25 women concerned, one refused to attend for medical examination and of the other 24, all of whom were examined, the results were as follows:—

Syphilis ...	...	...	...	2
Gonorrhoea ...	...	...	...	11
Syphilis and Gonorrhoea	...	...	...	1
Non-venereal ...	...	...	...	10

Of the four men, three were identified and examined—two were diagnosed Gonorrhoea and one was not suffering from venereal disease.

VISITING.

As well as visits to contacts, health visitors paid 132 visits to other patients, mainly defaulters from treatment. Twelve patients were escorted to the clinic in an effort to promote regular attendance.

ANTE-NATAL SEROLOGICAL TESTS.

There were 4,155 serological specimens submitted from the department's clinics for examination during the year.

Fifteen cases of maternal syphilis underwent treatment at the clinic prior to delivery and of the babies subsequently tested, seven were found to be healthy; and eight had not been tested by the end of the year.

Chiropody Service.

A second full-time chiropodist was appointed during the year and it was then possible to extend the Council's service to the north of the county.

Increased financial assistance was given to many voluntary organisations providing local services for the elderly.

A record of the work carried out by county chiropodists during the year is appended:—

No. of patients treated	No. of treatments given.										Total.	
	Domiciliary					Clinics						
	Exp. Moth-ers	Elderly		Handicapped		Exp. Moth-ers	Sch. Chil-dren	Elderly		Handicapped		
		M.	F.	M.	F.			M.	F.	M.		M.
1,350	10	242	1,007	157	352	10	78	312	1,758	30	48	4,004

Health Education.

The department in co-operation with the regional hospital board was asked to organise an exhibition to depict the nursing and therapeutic services of the local health authority and hospitals at the Commonwealth Trades and Careers Exhibition which was held in the County Technical College at Ashington during the period 27th May to 3rd June, 1961. Some 18,000 persons visited the exhibition. This project was successful and one of the unexpected results of it was the presentation of a cheque for more than one hundred pounds from the organising committee; this money has been set aside as a samaritan fund to help mentally sub-normal children in need of help not available from other sources.

In the autumn of this year, a week-end course on " Health Education in the School " was organised by the Education Department of this authority in co-operation with the department. The course proved to be a very worthwhile effort and perhaps the most important lesson learned from it was that each department had a great deal to offer in the field of health education.

The demand for lectures and film shows continued to increase. The need for new films in almost every health topic, in particular with regard to smoking and venereal disease has become more evident and it is to be hoped that some more up-to-date films will become available in the near future.

HOME HELP SERVICE.

Local administration at area health offices together with supervision by three home help organisers continued to be the method of organisation of this most hard-worked service.

For the first time for many years, Tables 20 and 21 show a slight decline in the number of families helped. The number of old people assisted increased once more from 3,198 to 3,242.

The efficient control of the service continued to allow the work to be carried out without any additional financial demands on the rates, and as will be seen this was achieved by keeping the number of home helps employed at a steady total of between 850 and 870.

The use of neighbours in the country districts has been of great benefit and without them the service could not have been so successful.

The usual annual meetings of home helps took place in each area and a talk or demonstration was arranged by the area executive medical officer to make the meeting interesting for each home help.

MENTAL HEALTH SERVICE.

ADMINISTRATION.

There are nine mental welfare officers, working from six district offices, dealing with mentally disordered persons under the Mental Health Act. They also perform social welfare duties under Part III of the National Assistance Act on behalf of the County Welfare Department. The service is supervised by a senior mental welfare officer.

The staff of the training centres consists of five qualified supervisors, and two qualified assistants, with nine unqualified assistants and one trainee assistant. At the end of the year vacancies existed for two assistant supervisors and one trainee assistant.

There are two qualified home teachers who hold the diploma of the National Association for Mental Health. Both undertake teaching in the homes of severely subnormal persons residing in the rural areas of the north and west of the county.

TRAINING OF STAFF.

Two mental welfare officers attended a refresher course for mental health workers at Leeds arranged by the National Association for Mental Health in conjunction with the Department of Adult Education and Extra Mural Studies, University of Leeds. Six members of the training centres' staff attended a refresher course for teachers of the mentally handicapped, in Bristol, which was arranged by the National Association for Mental Health.

CO-ORDINATION WITH HOSPITAL AUTHORITIES.

Relationships between staff of hospitals and the local health authority has continued to be most cordial and the mental health staff have benefited by the advice and help given by the hospital medical staff and psychiatric social workers.

WORK UNDERTAKEN IN THE COMMUNITY.

A summary of the work performed by the mental welfare officers is shown in tables 22, 23 and 24.

The arrangement for mental welfare officers to assist the psychiatric hospitals with the community care of patients on discharge is steadily increasing, and by frequently visiting patients in hospital the mental health staff has maintained a close personal contact which has proved beneficial in the after-care service.

The total of cases referred under the Mental Health Act through authorised agencies was 563, being 491 mentally ill and 72 mentally subnormal or severely subnormal.

The number of statutory admissions into mental hospitals, by the mental welfare officers, was 260. Of these 209 were admitted under Sections 25 and 29 of which 157 remained informally in hospital after their period of observation, and 47 were admitted for compulsory treatment, and 4 under orders of the Court. In comparison with the previous year there were 33% less patients being admitted under statutory admissions by the mental welfare officers.

The number of informal admissions was 843 and this number is slightly less than last year (871).

The total number of mentally disordered persons under community care of the local health authority is shown on page 107.

Short-stay care has continued to play its part in enabling patients to remain in the community and in which the families can be given a measure of relief especially for patients on the urgent waiting list for permanent care. During the year 57 were temporarily admitted to hospital and two to a mental nursing home.

TRAINING CENTRES.

There are five full time training centres catering for a maximum of 240 mentally subnormal and severely subnormal persons at the following addresses:—

Ashington	...	South View, Ashington.
Bedlington	...	1, Beech Grove, Bedlington.
Berwick	...	Palace Street East, Berwick-on-Tweed.
Prudhoe	...	54, West Road, Prudhoe.
Wallsend	...	Elton Street East, Wallsend.

Arrangements are being made to establish a Junior Day/Residential Training Centre in Alnwick for 30 pupils the majority of whom are at present having home teaching.

Progress continued to be maintained in the centres and the programme for juniors was based on the teaching of habit and sense training, speech and physical training, music and movement and simple handwork. The activities for the men and women at three of the centres consisted of contract work from outside firms such as dismantling post office telephones, assembling cartons, etc. The firms pay to the County Council rates for work completed and the trainees can be paid monetary rewards up to £1 per week according to ability, diligence and application to the job. This scheme represents a major step in the training of severely subnormal young men and women thus increasing their self-confidence and ability to do a job.

At all of the training centres the pupils have been provided with a mid-day meal supplied by the school meals service. The medical examinations and dental treatment continued to be provided by the Council's staff.

Arrangements have been made with proprietors of private hire transport to convey the pupils to and from their homes to the centres and a few pupils who do not live within walking distance and are not served by private transport are paid their fares on public buses.

Various local organisations and individuals continued to donate gifts to the centres and these have been greatly appreciated by both pupils and staff.

Annual open days with entertainment by the pupils were held at each centre. A day's outing was arranged for the pupils as well as a Christmas Party at which each received a present.

HOUSING.

NEW HOUSES.

Although the total number of new houses built in the County during 1961, viz. 3,117, was some 800 less than for the previous year, a closer examination of the figures (Table 25) shows that most of the decrease was accounted for by a reduction in the number of "overspill" houses built by Newcastle Corporation within the area of the administrative county. Council houses built by the 26 county districts remained fairly steady at 1,086, only about 100 short of the 1960 total. It would seem that this form of housing activity has to some extent recovered from the "slump" experienced in 1958-9, but it is perhaps significant that the year's figure was only slightly larger than the number of houses discontinued as dwellings. Private building on the other hand showed little sign of slackening, and with 1,901 houses erected (61% of the total) was not far short of the record figures achieved in the two immediately preceding years.

SLUM CLEARANCE.

The number of houses put out of use during the year was 1,012, the highest figure recorded since the war, and of these no less than 897 were actually demolished following formal action under the Housing Acts. In the industrial areas to the south-east of the county this represents much more than a mere figure in a statistical table; the changing face of the mining villages and the disappearance of the old out-worn "colliery rows" is now becoming very evident to all who travel about the county. Particular mention might be made of the Bedlingtonshire and Seaton Valley Urban Districts, which between them demolished no fewer than 470 houses in 1961 (see Table 26).

IMPROVEMENT GRANTS.

These grants, details of which will be found in Table 27 are of two kinds: the original "discretionary grants" instituted in 1949 for complete reconditioning of dwelling houses, and the more recent "standard grants" available as of right to any property owner for the installation of certain basic amenities.

As regards the former there is no sign of saturation being reached, and the total of 924 though nearly 100 less than last year's record figure is still well above the recent annual average.

The number of standard grants made was 354, a considerable increase over the 191 for 1960, but it will be seen from such figures that there has been no flood of applications and the scheme has been building up only slowly in the $2\frac{1}{2}$ years of its operation. One possible explanation is, and this is perhaps borne out by the increase in discretionary grant activity, that owners may be electing to go

the whole distance and completely recondition, so obtaining a 30 year expectation of life for their property as compared with 15 years under the simpler scheme. If this be so it is no bad thing. One criticism of both grant-aid schemes is that so far there has been more interest on the part of owner-occupiers than by landlords of tenanted property, and even though the percentage of privately-owned rented houses has now shrunk to something like 30% of the total (the national average for owner-occupied properties on the other hand is now known to be over 41%) there is still considerable room for improvement in this direction.

WATER SUPPLIES.

Progress continued to be made during 1961 in improving the supply of water to those parts of the county where shortages had been experienced, the most noteworthy achievement being the official opening in July of the main take-off point and treatment works at Gunnerton on the Newcastle and Gateshead Water Company's raw water main, from which point supplies are now available for Hexham and the adjoining rural districts, areas which were formerly subject to supply restrictions with monotonous regularity. The most urgent problem now left is in the northern part of the county, and during the year restrictions were necessary for a time in respect of the Alnwick town supply, while an anxious period was experienced in the coastal areas of Belford Rural District, where the reduction in yield of the council's sources usually coincides with the increase in demand during the holiday season. Both of these authorities will benefit from the new Coquet Water Board scheme, so that there should in the near future be no major centres of population in Northumberland with an insufficient supply.

Work on the new river intake and treatment works at Warkworth for the Coquet Water Board was almost complete by the end of the year, but water did not begin to flow in the southern trunk main to Tyneside and South East Northumberland until early in 1962. Progress was less satisfactory on the Northern trunk main to Alnwick and Belford and work on this was still continuing.

Discussions on regrouping were still in progress during 1961 in respect of eight authorities in North Northumberland not so far incorporated in any major water undertaking. Agreement to form a joint water board being apparently out of the question, terms for possible take-over were being discussed with the Tynemouth Corporation and the Newcastle and Gateshead Water Company. Towards the end of the year it became known that the Alnwick, Belford and Norham and Islandshires Rural District Councils had agreed to hand over to the Water Company at an early date, but a more acceptable formula was still being sought by Berwick Borough and Glendale Rural District Councils. The position was rather more complicated in the cases of Amble Urban District and Rothbury Rural District Councils, since these areas could be conveniently attached equally well to either of the two major undertakings. Rothbury decided in favour of the terms offered by the Water Company, but an objection by Tynemouth Corporation, most of whose headworks lie in the area, necessitated a public inquiry in November. A decision has not yet been taken regarding the future of the Amble undertaking.

The bacteriological examination of water is undertaken by the Public Health Laboratory at the General Hospital, Newcastle upon

Tyne. Copies of the reports on water samples submitted by authorities in the administrative county were received in the department and any unsatisfactory results were investigated. One thousand one hundred and thirty-eight samples were taken during the year (as compared with 1,082 during 1960) from both public and private supplies. Six hundred and ninety-four were highly satisfactory and 77 satisfactory, 25 suspicious and 342 unsatisfactory. The number of unsatisfactory samples appears high but is accounted for mainly by special investigations into individual private sources with a view to their improvement or their abandonment in favour of newly-provided public supplies.

SEWERAGE AND SEWAGE DISPOSAL.

During the year the Alnwick Urban District Council completed a sewage treatment works of modern design, using the alternating double filtration principle, to replace works over sixty years old. Extensions to the Morpeth Borough works were also completed, as was the first phase of Bedlington's comprehensive sewerage scheme for the district. In the rural districts new work carried out under this heading was mostly of a minor character, perhaps the most noteworthy being the completion after seven years of trials and setbacks of the difficult and expensive project on Holy Island. The provision of adequate sewerage facilities to the main centres of population in the county is continuing to make progress but there are still one or two notable omissions. It is hoped that schemes for these townships will be forthcoming before long.

RURAL WATER SUPPLIES AND SEWERAGE ACTS, 1944-55.

Schemes Submitted for Approval.

The following schemes were submitted during the year for the consideration of the County Water Supplies and Sewerage Committee under the above Acts:—

			£
Alnwick Rural District	...	A comprehensive water scheme for the district, bulk supplies to be obtained from the Coquet Water Board.	625,000
		Sewerage and sewage disposal scheme for Radcliffe and Hauxley	65,000
Belford Rural District	...	A comprehensive water scheme for the district, bulk supplies to be obtained from the Coquet Water Board	94,987
		Improvements to Belford village sewage disposal works	6,940

Bellingham Rural District	Water supply scheme for Knowesgate (by Newcastle and Gateshead Water Company)	8,814
	Sewerage and sewage disposal scheme for Ridsdale	9,000
Castle Ward Rural District	Sewerage and sewage disposal scheme for Milbourne	3,148
Morpeth Rural District ...	Sewerage and sewage disposal scheme for Ulgham village (revised scheme)	18,340

Ministry Inquiries and Investigations.

Local inquiries and investigations into the following proposed schemes were held by Ministry of Housing and Local Government inspectors:—

- (a) An investigation at Bellingham on the 14th April into the Bellingham Rural District Council's sewerage and sewage disposal scheme for Kirkwhelpington village. (£14,236).
- (b) An investigation at Hexham on the 6th July into the Hexham Rural District Council's sewerage and sewage disposal scheme for Humshaugh village. (£6,248).

My department was represented on these occasions and evidence was given in support of the schemes.

Work in Progress.

The following are details of work in progress in the county during the year with some indication of the stage reached by 31st December:—

<i>District.</i>	<i>Scheme.</i>	<i>Progress.</i>
Wallsend Borough	Coast Road Sewerage between Kings Road and Willington Square	90% completed.
Bedlingtonshire Urban District	Main drainage scheme	Phase 1: completed. Phase 2: Early stages
Alnwick Rural District	Sewerage scheme, Togston and Acklington	50% completed.
	Sewerage scheme, Longhoughton (South End)	25% completed.
Belford Rural District	Sewer outfalls, Seahouses ...	90% completed.
Bellingham Rural District	Sewerage scheme, Otterburn ...	98% completed.
Glendale Rural District	Sewerage scheme, Crookham ...	25% completed.
Haltwhistle Rural District	General district water supply scheme (by Newcastle and Gateshead Water Company).	Stage 1 completed.
Hexham Rural District	General district water supply scheme (by Newcastle and Gateshead Water Company).	75% completed.
Norham and Islandshires Rural District	Cornhill and district water supply scheme	Complete except for small additional works.

Schemes Completed During the Year.

<i>District.</i>	<i>Scheme.</i>	<i>Month.</i>
Morpeth Borough	Re-organisation of Sewage Disposal works	July
Alnwick Urban District	New Sewage disposal works ...	January.
Belford Rural District	Glororum Reservoir, Bamburgh	October.
Castle Ward Rural District	Sewerage scheme, Harlow Hill ...	December.
Glendale Rural District	Regional water supply scheme, contract 7, (Lowick and Bowsden).	June.
Haltwhistle Rural District	Sewerage scheme, Melkridge ...	October
Morpeth Rural District	Extensions to sewage disposal works, Pegswood	Februaury.
Norham and Islandshires Rural District	Sewerage scheme, Cresswell	June.
	Sewerage scheme, Holy Island	May.

CLEAN AIR ACT, 1956,

The end of the first five years of operation of the Clean Air Act is perhaps a convenient time to review the progress made to date. Atmospheric pollution in Northumberland is of course most serious in the industrial south-east. There are many difficulties peculiar to this part of the county in implementing clean air legislation and only two authorities, Wallsend Borough and Newburn Urban District, have made a start with smoke control programmes. Smoke control areas so far confirmed relate to 318 acres of Newburn Urban District, with 470 existing houses and estates now being developed which will add a further 2,900 dwellings to this total. In Wallsend an area of 125 acres containing 1,245 houses will become smokeless in 1962 and it is estimated that by 1966 a further 5,000 houses will have been included in schemes now in hand. This represents more than one-third of the total houses in Wallsend. It is to be hoped that this movement towards domestic smoke control will gather momentum from now on, and that more solid progress can be reported by other authorities in the area at the end of the next five year period.

MILK AND DAIRIES.

Milk (Special Designation) Regulations, 1960.

The effect of the above Regulations, which came into force on 1st January, 1961, has been to transfer to the County Council as the food and drugs authority for the whole of its area (except the Borough of Wallsend) the duty of licensing and supervision of all dealers in designated milk, formerly the responsibility of the county district councils. This has meant a considerable increase in the work of the department in this direction, though perhaps not as much as was first feared, since much of what has had to be done has been capable of integration with existing duties such as supervision of milk treatment plants, specified area enforcement, etc.

DEALERS' LICENCES.

The accompanying table shows the position as to licences in force at the time of taking over from the district councils and changes occurring during the year. A certain proportion of the additions to the list represents dealers found to have been selling milk for some time unaware of the necessity for obtaining the appropriate licence, and apparently without having come to the knowledge of the local district council under the old Regulations. Since, as is referred to later, all milk sold in Northumberland must be subject to special designation, it follows that all milk dealers in the county must hold a licence of some description.

	At 1st January 1961	Additions during year	Deletions during year	At 1st January 1962
Licence to bottle Tuberculin Tested milk. (Form B.)	15	5	—	20
Pasteuriser's Licence (Form C.)	6	—	—	6
Steriliser's Licence (Form D.)	2	—	—	2
Dealer's Licence for T.T., Pasteurised and Sterilised milk. (Form E.)	257	41	9	289
Dealer's Licence for Sterilised milk only. (Form E.)	379	16	6	389
Totals ...	659	62	15	706

All licences now run until the end of a five year period expiring 31st December, 1965, and there is no need for a dealer to hold separate licences for different authorities' areas. This reduces the administrative work but as it also means that some persons selling milk in the county can be licensed by adjoining food and drugs authorities and vice versa, liaison has to be maintained with neighbouring departments.

Apart from the purely administrative work of issuing licences, regular inspections of dealers' premises are required and samples of milk are taken for examination by the statutory tests laid down in the Special Designation Regulations. This work is carried out by the County Health Inspector and during the year 453 visits were paid to dealers other than licensed processors. The degree of supervision required and the number of visits necessary varies with the nature and extent of the trade carried on. Special attention is obviously required in the case of those dealers licensed to bottle tuberculin tested milk who break down bulk supplies on their premises. Dealers in pasteurised milk are forbidden to trade otherwise than in the sealed containers in which the milk is received by them and therefore require somewhat less supervision, and those others (nearly all of them shops) who deal only in sterilised milk, a product not subject to rapid deterioration in storage, need visiting least of all.

The standard of premises has been found from inspection to vary widely from the properly equipped dairy with refrigerated storage to the dealer maintaining no premises whatsoever, only a motor vehicle with which to collect his supplies daily from the wholesaler, returning the empty bottles later in the day. A number of minor contraventions were dealt with during the year, principally of milk stored in unsuitable places in shop premises, and of dealers not exhibiting their names and addresses on their vehicles, a legal requirement which appears not to be as well known to the trade as it ought.

PRODUCERS' LICENCES.

These continue to be issued by the Ministry of Agriculture, Fisheries and Food through their county office, to whom I am indebted for the figures quoted in this paragraph. As a result of the Government tuberculosis eradication policy all herds in the county are now attested, but not every producer, because of shortcomings in buildings or methods of production, is authorised to sell his milk as Tuberculin Tested. The total number of registered milk producers again decreased from 968 to 940. For the first time there was no increase to record in the number of tuberculin tested producers, the new licences issued being exactly balanced by those going out of production. The total at the end of the year was therefore the same as for 1960, viz., 758, although on a percentage basis the figure of 80.6% represents a slight increase because of the reduction in total registrations. Of the 758 licensed producers, 559 disposed of their milk by wholesale only.

MILK SAMPLING—STATUTORY.

In formulating a sampling programme under the new regulations an endeavour has been made to relate the frequency of routine samples to the volume of business carried on by the dealers concerned, bearing in mind however the necessity for greater supervision over the relatively small amount of raw T.T. milk being sold. In

the case of pasteurised milk, by far the commonest grade encountered, there are only ten possible sources of supply in the county—six dairies already licensed by the County Council and four others in adjoining areas, so that providing a reasonable check is kept that milk is not deteriorating while in the hands of the various dealers, duplication in sampling can be avoided. Nevertheless the work of sampling has as far as possible been spread over the areas of the various county districts and each local authority is furnished with a monthly return of all samples taken within its area. In the case of sterilised milk, of which there are only four sources, two in the county and two outside, since the statutory test is only intended to indicate efficiency of heat treatment, and since milk which complies with the test (which is much too lenient in any case) at the time of production, will not subsequently fail, there is little point in extensive sampling of this product from dealers' shops.

While engaged on sampling from dealers the opportunity has been taken where possible of including a limited number of samples from producer-retailers on their rounds principally for the purpose of biological investigation (see below) but such samples have also been submitted to the clot-on-boiling test, and any failures obtained reported to the Milk Officers of the Ministry of Agriculture, whose responsibility they are.

The table below shows the results obtained during the first year's working of the new regulations. Of the official tests used, the clot-on-boiling and methylene blue tests are indicative of keeping quality, while the phosphatase and turbidity tests are to determine adequacy of heat treatment. It will be noted that by far the highest proportion of failures in keeping quality were in respect of raw T.T. milk, even though experience so far suggests that the new technique for the methylene blue test for raw milk introduced in the 1960 Regulations is an improvement over its previous form, which was usually accepted as being too severe in summer weather and too easy to comply with in the winter.

	Passed	Failed	Void	Total
Ungraded Milk				
Clot-on-Boiling Test	3	—	—	3
(Producers' samples)				
Tuberculin Tested Milk				
Clot-on-Boiling Test	67	6	—	73
(Producers' Samples)				
Methylene Blue Test	106	14	1	121
(Dealers' Samples)				
T.T. Pasteurised Milk				
Methylene Blue Test	149	2	2	153
Phosphatase Test	153	—	—	153
Pasteurised Milk				
Methylene Blue Test	398	5	3	406
Phosphatase Test	405	1	—	406
Sterilised Milk				
Turbidity Test	57	—	—	57
	1,338	28	6	1,372

MILK SAMPLING—BIOLOGICAL.

With the establishment by the department of the milk sampling routine referred to in the preceding paragraphs, the opportunity has been taken of rationalising biological sampling of raw milk supplies to cut out overlapping and to begin to close some of the gaps previously existing. In spite of the complete attestation of all the herds in the county and the prohibition of the sale of ungraded milk there is still a case for examination of milk for tubercle bacilli when one reads of isolated instances of accidental infection occurring in tested herds and spreading rapidly due to lack of natural immunity in the animals. Fortunately no such cases have as yet come to light in this county and none of the samples (details attached) were reported positive for tuberculosis after guinea-pig inoculation.

				Number of Samples
From T.T. Bottling Dealers	...	...	...	25
From other T.T. Dealers	...	...	...	43
School supplies (Producer-Retailers)	...	...	...	42
From other Producer-Retailers	...	...	...	16
Hospital Farms	...	...	...	8
(on behalf of the Ministry of Health)				

134

All of the above samples were also examined for *Brucella Abortus* and two infected supplies were found as a result. These were the first cases to be detected in this county by routine milk sampling, a matter of some regret, as information obtained from the Animal Health Division of the Ministry of Agriculture has always suggested that Northumberland was relatively free from *Abortus* infection in its dairy herds. A further case was also reported by another local authority outside the county in milk produced in this area. Of these three cases one could not be satisfactorily explained except by a recent S.19 vaccination of some cows in milk, but in the other two it was possible by individual herd sampling to locate the offending animals and in both instances the farmers concerned voluntarily took steps to prevent the sale of untreated milk from these cows, thereby rendering unnecessary formal action by the district medical officer of health. The tracing of such affected animals is a time-consuming process (especially when, as in one case, the original sample was from a dealer in raw T.T. milk handling supplies from several farms). The low incidence of undulant fever (as far as can be judged, this not being a notifiable disease) suggests that the eradication of *Brucella* infection in milk may not be quite as urgent a problem as was action against tuberculous supplies in years past, but as long as some consumers elect (or in some rural areas are at present forced) to purchase raw T.T. milk, this work must go on. Pasteurisation is of course the complete answer to the problem. There is scope for more routine biological sampling for this purpose than can at present be carried out by the County Health Inspector, parti-

cularly in the case of producer-retailer supplies, and it is hoped to develop this service further as time goes on.

As a matter of interest a confirmed case of undulant fever was reported to the department during the year by one of the Newcastle hospitals, the man concerned being known to have consumed raw milk at several farms in Northumberland and elsewhere during the course of his employment. Investigation failed however to bring to light any evidence of infection at those farms situated in the county.

PASTEURISING PLANTS.

There was no change during the year in the arrangements for pasteurisation of milk in the County, the same six firms continuing to carry on business as hitherto, with daily throughputs varying from 1,000 to 9,000 gallons. All the plants are of modern design and operate on the H.T.S.T. system and the total quantity of milk treated was over 28,000 gallons per day. Four of the firms were also licensed to bottle "Tuberculin Tested (Pasteurised)" milk and their sales under this designation were over 20% of the total.

The dairies concerned were regularly inspected by the County Health Inspector and samples of treated milk were taken for Methylene Blue and Phosphatase tests. Washed bottles were also taken from time to time for bacteriological examination.

Number of inspections made	...	...	160
Number of samples taken at dairies			210

All of the samples taken direct from the dairies satisfied the statutory tests. (The Phosphatase failure recorded in the earlier table was in respect of milk processed at a dairy outside the County.)

The pasteurising plants were maintained in satisfactory condition, such minor defects as were brought to the notice of the dairy managers being quickly dealt with. Replacements of machinery during the year included new bottle-filling equipment at two of the dairies. The speed at which some of these new units are designed to operate has now reached a point where thorough scrutiny of bottles is becoming difficult especially when, as is usually the case in the larger dairies, automatic crating and decrating machinery is also installed. The efficiency of the human "dirty bottle spotter" is fast becoming the weakest link in the highly-mechanised chain of the milk bottling operation, and dairymen themselves are very conscious of this. Three cases came to the notice of the department during the year of milk supplied in imperfectly cleansed bottles—not a high proportion in relation to the total number of bottles filled annually, but nevertheless each one an important matter in the eyes of the unfortunate consumer at the receiving end. Automatic prosecution in such cases is not a very constructive way of dealing with the problem, unless on investigation some definite act of carelessness is brought to light. The imposition of a fine neither penalises the person really responsible (who more often than not cannot be identified with

certainly) nor can it do much to ensure stricter control in future when the present system is the best that can be devised in the circumstances. In the cases referred to, the management concerned were given warnings and advised to look again at their arrangements for bottle scrutiny to see if any further improvements could be made.

Of the 125 washed bottles examined from the plants, 17 failed to reach the standard of bacteriological cleanliness recommended by the Public Health Laboratory Service. Most of the unsatisfactory results were obtained from one particular dairy which had been giving trouble in this direction for the past few years and the management finally decided to instal a new bottle-washing machine. This was put into service during the summer, and though the improvement in bottle counts was not immediate, after some experimenting with different types of detergent a more satisfactory standard was being reached by the end of the year. Although this bacteriological standard is purely an advisory one and not a basis for statutory action, it is usually found that processing dairies do co-operate in trying to maintain a good record of efficiency of their bottle-washing process.

Some complaints were received during the year from the Ministry of Agriculture's Milk Officers about the condition of churns sent out by certain processing dairies to farms for milk collection. Investigations showed that some of these complaints were not altogether without foundation and since then special attention has been given to this matter and some improvement has resulted.

STERILISING PLANTS.

The two plants licensed for milk sterilisation continued in operation during the year and gave satisfactory results. Fifty-three visits of inspection were made to the premises and 52 samples taken at the dairies all satisfied the Turbidity test. In view of the limited value of this statutory test, occasional samples were also submitted for plate count and all showed that a good standard was being maintained.

A report was received from another area of a turbidity test failure of milk from one of the plants which operates an ultra-high-temperature heater in conjunction with a continuous in-bottle sterilizer. On investigation there was a suspicion that the bottle in question might by some mischance have escaped the second stage of sterilisation, but experiments at the dairy showed that milk treated by the U.H.T. plant alone seemed to comply with the turbidity test without difficulty, nor at the time were any complaints received of spoilage in the final product, as would have been the case if the in-bottle process had in fact been omitted. The failure therefore remained a mystery and has not recurred.

Specified Area.

The whole of the County of Northumberland is now a "specified area" within which the sale of milk not subject to one of the special designations i.e. "Tuberculin Tested," "Pasteurised" or "Sterilised" is illegal. Enforcement is a matter for the County Council as the food and drugs authority, and with the transfer to the department of the licensing of all dealers it has been possible to maintain more effective supervision. The few irregularities coming to light during the year were purely technical offences, where although a licence was legally in force in respect of the milk sold, the bottle caps did not bear the official designation. Warnings were given in these cases.

Provision is, of course, made as a last resort for the issue by the Ministry of a "consent" to a retailer to dispense with the requirements of the Order where there is no possibility either of the immediate grant of a T.T. licence or an alternative supply of milk, and at the beginning of the year 8 such "consents" were in operation. During the year it was necessary to issue 2 further dispensations but 3 producers were successful in obtaining T.T. licences so that by December 31st the number remaining was 7. The amount of milk covered by these "consents" was in most cases extremely small.

Milk in Schools Scheme.

There was again no major change to report in the arrangements for the supply of milk to children in both county and non-maintained schools during the year, the contracts placed during 1959 not being due for renewal until April, 1962. The following details show the position as at 31st December, 1961:—

Grade of Milk.				No. of Schools.	Percentage of Schools.	Percentage of Pupils.
Pasteurised	...	...	...	336	88.7	97.9
Tuberculin Tested	...	...	...	35	9.2	1.93
Ungraded	...	...	...	1	0.3	0.01
No fresh milk	...	...	...	7	1.8	0.16
Totals ...				379	100.0	100.00

The single case of an ungraded supply was in respect of a small village school where the only available retailer was operating under a Ministry "consent."

The usual difficulties were experienced with some of the outlying rural schools, and supplies, sometimes in bulk, from approved local tuberculin-tested producers had to be accepted in many such cases. All new sources of supply were subject to prior approval by the department and regular samples, from all sources, were taken for examination, particular attention being paid to those schools receiving raw milk, in which cases routine biological testing for both

tubercle and brucella infection was also carried out. The accompanying table shows the results obtained during 1961. No evidence of infection was found in any of the samples examined:—

		Passed.	Failed.	Total.
Ungraded	Methylene Blue Test	1	—	1
Tuberculin Tested	Methylene Blue Test	37	4	41
Pasteurised	Methylene Blue Test	136	3	139
	Phosphatase Test	139	—	139

There were very few complaints received during the year by the department from head teachers, but once again it has to be reported that broken glass found by a pupil in his bottle of milk was the subject of a prosecution resulting in a fine of £20 and costs against the dairy concerned.

The number of children availing themselves of the service under the scheme on a selected day in October was 85.3%. This percentage has been steady for the past few years.

ICE CREAM.

Ice Cream (Heat Treatment, etc.) Regulations, 1959.

The facilities for bacteriological examination of ice cream continued to be available during 1961 at the Public Health Laboratory and 400 samples were submitted by district councils in the county, an increase of 61 over the previous year. The results obtained, full details of which will be found in Table 28, showed that a satisfactory standard of cleanliness in the production and retailing of this commodity was being maintained. For the Methylene Blue Grading Test the Ministry suggest that taken over a period, 50% should reach Grade I and 80% Grades I and II combined. The actual figures for the County for 1961 were 76% and 86% respectively. The most unsatisfactory samples, those in Grade IV, represented only 5.75% of the total. Eleven districts, mostly rural, submitted no samples for examination during the year.

FOOD AND DRUGS ACT, 1955.

(Mr. C. L. Arlidge.)

During the year ended 31st December, 1961, the County Sampling Officers procured a total of 3,389 samples under the provisions of the Food and Drugs Act, the Preservative Regulations and the Labelling of Food Order.

The samples may be summarised as follows:—

<i>Article.</i>	<i>No. taken.</i>
Baking Powder	6
Bread	9
B.P. Official Preparations and Household Medicaments	55
Butter and Margarine	42
Cake and Pudding Mixtures	62
Canned Fruit and Vegetables	12
Cereals	17
Cheese and Cheese Spread	22
Coffee and Coffee and Chicory Essence	38
Condiments, Sauces, Flavourings, Pickles, etc....	71
Cocoa	1
Custard Powder	15
Christmas Puddings	4
Condensed Milk	15
Cream	16
Dried Fruit	9
Fresh Fruit and Vegetables	46
Fish and Fish Cakes	26
Flour	10
Flour Confectionery	20
Ground Almonds	9
Honey	1
Iced Lollipops	21
Ice Cream	32
Jam, Marmalade, Syrup, etc.	61
Juices	9
Lard, Cooking Fat, etc.	11
Mixed Spices	6
Marzipan	10
Meringues	17
Mincemeat	4
Meat Products (Open and Tinned)	117
Milk Powder	9
Milk	2,209
Pastes (Meat and Fish)	20
Perry	2
Sausages (Beef, Chipolated, Chicken, Cumberland, Hot Dog, Pork, Pork and Veal, Wiltshire)	77
Soft Drinks	42
Soups	17
Spirits (Gin, Rum, Whisky)	46
Sugar Confectionery	78
Sugar and Icing Sugar	5
Table Jelly	17
Tea	15
Vinegar	30
Wine	1
Miscellaneous (Unclassified samples)	27
Total	<u>3,389</u>

Adulterated or Unsatisfactory Samples.

<i>Article.</i>	<i>Analyst's Report.</i>	<i>Action taken.</i>
Milk	Contained 17·8% of extraneous water	The producer was fined £1 0s. 0d. and £3 0s. 0d. Costs.
Jersey Farm Loaf (contains butter)	The presence of an insignificant amount of butter does not justify claims as to its presence	Production discontinued
Beef Steaklets ...	Meat content only 49% ...	Description "Steaklet" to be discontinued.
Hamburger Steaks	Meat content only 54% ...	Description to be amended.
Chopped Pork ...	Meat content 78% description "Chopped Pork" is inappropriate for an article which includes cereal matter	Foreign product. Importation discontinued.
Ground Nutmeg ...	50% deficient in volatile oil	Deficiency probably due to lengthy storage.
Skinless Boned Chicken	Contained 30% of jelly ...	Description to be amended to include declaration of jelly.
Blackcurrant Drink	Deficient in ascorbic acid ...	Manufacturers cautioned.
Pork Sausages ...	Contained an excess of preservative	Butcher cautioned.
Whisky...Informal	Contained excess water ...	Formal sample found to be genuine.
Milk Chocolate Cake Covering	Ingredients listed in wrong order	Manufacturers amended specification.
Instant Coffee ...	Contained a preservative ...	Manufacturers changed system of roasting.
Milk Chocolate Nogarum	The implied presence of rum on the label is misleading as the quantity of proof spirit is insignificant	The production of this article has now ceased.
Boned Chicken in Jelly	Although the presence of jelly (22%) is declared, the words are in such small type that it is not apparent without careful scrutiny	The importers have agreed to instruct the canners in China to declare the jelly content in larger type.
Lamb Tongues ...	As the product contains 17% of jelly, the description should be amended to "Lamb Tongues in Jelly"	Canners amended description.
Stewed Steak with Vegetables	No declaration of the presence of gravy	Production discontinued.
Minced Crab ...	Declaration of jelly so small as to be almost indistinct	Label amended.
Minced Pork ...	Meat content of 85% too low. As the product contains cereal it should be described as "Pork Roll"	Label amended.
Beef Sausages ...	Contained preservative ...	Butcher instructed to exhibit notice of preservative in a prominent position.

<i>Article.</i>		<i>Analyst's Report.</i>	<i>Action taken.</i>
Milk	... ..	Contained 15·3% of extraneous water	The producer was fined £5 0s. 0d. and £9 0s. 0d. Costs.
Stoned Raisins	...	Heavily infested with mites	Remaining stock destroyed.
Glauber Salts	...	The reduction in the moisture content due to lengthy storage has resulted in an increase in the concentration of sodium sulphate ...	The retailer advised to avoid lengthy storage.
Orange Drink	...	Contained only 15% of orange substance	The ambiguous wording of the Soft Drinks Order precluded the institution of legal proceedings against the Manufacturers.
Boned Chicken	...	Description inadequate as the sample contained 20% of Chicken Jelly	Canners to amend the description.
Rice Pudding	...	Ingredients incorrectly declared	Declaration on label amended.
Creamed Sago	...	Ingredients listed in wrong order	Manufacturers agreed to amend the label.
Chopped Pork	...	Contained 12% of cereal ...	Importation discontinued.
Chopped Pork	...	The unqualified description "Chopped Pork" is not an accurate description of this article which contains cereal and only 88% of meat	Labels amended to "Chopped Pork Roll."
Home Made Vanilla Fudge (contains dairy butter)		As the product contained only 1% of Butter, the claim was unjustified	Manufacturers instructed to increase the Butter content to 4% or to delete the claim as to the presence of Butter.
Sago	... ..	Contained a small number of coloured grains	The source of the dye was traced to the stencilling on the sacks in Indo-China.
Victoria Plum Jam		Deficient insoluble solids to the extent of 3·6%	A product made by a local shopkeeper who was advised to use more fruit in the recipe.
Evaporated Separated Milk and Vegetable Fat		Deficient in milk protein to the extent of 5·2%	Manufactured prior to date of the Standards Order.
Casserole Steak	...	A fly was found in the tin opened by the Analyst	Canned in Australia. The Importers and the Canners were warned to exercise all possible care to exclude flies from the Cannery.

<i>Article.</i>			<i>Analyst's Report.</i>			<i>Action taken.</i>
Dried Apricots	...	...	Dirty and contaminated with minute grubs			Remainder of stock destroyed. Storage room fumigated by local Public Health Inspector.
Milk	...	...	Contained	2·4%	extraneous	The producer was fined £6 0s. 0d. (£3 0s. 0d. on each charge) and £6 0s. 0d. Costs.
Milk	...	...	water			
Milk	...	...	Contained	8·3%	extraneous	
			water			

All formal samples and some informal samples of foods and drugs were submitted to the Public Analyst but informal samples of milk taken at schools, farms and dairies were tested in the Inspectors' offices.

There are a number of foodstuffs for which there are statutory standards of composition and routine sampling is, on the whole, effective in maintaining the fixed standards. There are, however, other foodstuffs which are being sold in increasing numbers and increasing varieties for which there are no statutory compositional standards or even agreed codes of practice between manufacturers and bodies concerned with the enforcement of food legislation.

Typical of such products are the various canned meats, i.e., meats with cereal, meats with gravy, meat with gravy and vegetables and many other varieties. It is essential that at some future date some order is introduced into what is at the present time, a chaotic situation and a constantly changing one. How much meat and how much gravy, is of importance to the purchasing housewife.

During the year under review, 117 products of this kind were submitted to the Public Analyst and in several instances the manufacturers or importers were approached and the labels were amended so as to show that the product was "with gravy."

The evidence that is being obtained of the wide variations in the meat content of some canned meat products may be useful when statutory standards or codes of practice are under consideration.

Sausages are another article of common consumption for which no standard of meat content has been prescribed, despite repeated appeals to the Minister of Agriculture, Fisheries and Food from manufacturers and enforcing authorities to make a Standards Order. Recommendations were made by the Food Standards Committee a few years ago but enforcement is still left in the hands of Food and Drugs Authorities and local magisterial benches.

Fortunately, all the samples of sausages procured in this County were found to contain a percentage of meat considered as satisfactory by the Public Analyst. Pork sausages are expected by the Public Analyst to contain a minimum of 65% of meat whilst beef sausages are expected to contain 50% of meat.

Representations to manufacturers regarding advertisements which were considered to be misleading, resulted in suitable modifications being made.

NATIONAL ASSISTANCE ACT.

Welfare of Handicapped Persons.

During the last five years the aggregate number of handicapped persons for whom the Council was responsible in accordance with its schemes increased by 20% and the facilities provided by the Department continued to expand. There were 288 new registrations or re-classifications during 1961, apart from transfers to the area.

During the year holidays were arranged for an aggregate of about 120 blind, deaf-blind and physically handicapped persons, which in many cases proved to have more than a recreational value, especially as far as the last two groups were concerned. The deaf-blind in the County, for instance, are scattered and consequently do not get many opportunities of meeting others similarly afflicted. They welcomed the opportunity of taking part in a holiday for deaf-blind to Blackpool sponsored by the North Regional Association for the Blind, the party being accompanied by one of the Council's home teachers. Holidays arranged for the generally handicapped assisted in their rehabilitation in many instances. Forty physically handicapped, including a totally blind bedridden young man attended a ten day holiday to Thropton in a hostel kindly placed at the disposal of the Department by the Northumberland Association of Mixed Clubs. They were encouraged to help with the work and it was gratifying to see how they helped each other. The Department is grateful to members of St. John Ambulance Brigade and others who gave their services voluntarily in connection with the holiday. Another party of handicapped from the west of the County took part in a holiday to Caister Bay Holiday Camp, Norfolk, arranged in conjunction with the local voluntary committee, while 35 handicapped children attended the British Red Cross Society Junior Cadet Camp at Glanton, each handicapped child being accompanied by two cadets.

Clubs for the blind and physically handicapped conducted by the various voluntary committees in collaboration with the staff continued to play an important part in the lives of the handicapped person, while outings gave many of the handicapped a real thrill as it was often the first time they had left their home towns for many years. Similarly many had never been to a theatre until they were taken by their voluntary committees.

The establishment of the voluntary committees and clubs have proved to be a valuable link between statutory and voluntary services. Many voluntary organisations, especially St. John Ambulance Brigade, British Red Cross Society, Rotary Club and Round Table contributed towards the success of the clubs where many interests have been born and friendships formed.

Towards the end of the year, through the Department, a co-ordinating committee comprising representatives of local voluntary committees for the handicapped and other interested bodies was established.

The staff maintained a close liaison with the family doctors, hospital almoners and officers of public and voluntary bodies in dealing with matters relating to people under their care.

Blind and Partially Sighted.

REGISTRATION.

The register of blind showed an increase during the year but there was a slight decrease in the register of partially sighted.

There were 202 examinations carried out by ophthalmologists as compared with 174 in 1960.

Statistics continued to show that the vast majority of persons newly registered were in the older age groups.

No child under the age of 16 was newly registered as blind but five—including two under school age—were ascertained to be partially sighted. Of 115 persons newly registered as blind during the year, only 24 were under 64 years of age, and of this number only three—all men—were physically and mentally capable and available for employment. Thirteen of the 51 persons newly registered as partially sighted were in the 16-64 age group, but only two men of this group were considered to be employable. Twenty of the blind and partially sighted in this age group were women, many of whom were able to occupy themselves with household duties.

The age groups of persons registered on 31st December were:—

		BLIND.			PARTIALLY SIGHTED.		
		Males.	Females.	Total.	Males.	Females.	Total.
Under 5	...	2	1	3	2	—	2
5—15	...	9	5	14	22	8	30
16—20	...	7	2	9	9	2	11
21—49	...	61	43	104	23	12	35
50—64	...	61	70	131	15	20	35
65 plus	...	189	282	471	55	124	179
		<u>329</u>	<u>403</u>	<u>732</u>	<u>126</u>	<u>166</u>	<u>292</u>

CAUSES OF BLINDNESS.

The following table summarises the causes of blindness and partial sight, also recommendations and treatment carried out during the year:—

		Cataract		Glaucoma		Others	
		Blind	P.S.	Blind	P.S.	Blind	P.S.
Number of cases registered during year	...	24	18	20	3	71	30

		Cataract		Glaucoma		Others	
		Blind	P.S.	Blind	P.S.	Blind	P.S.
<i>Recommendations</i>							
(a)	No treatment ...	6	3	3	—	36	9
(b)	Treatment recom- mended—						
	Surgical ...	16	3	*3	*2	4	—
	Medical or hospital supervision ...	2	7	14	1	25	15
	Optical ...	—	5	—	—	6	6

* including secondary cataract.

Follow up

Undergone treatment—

Surgical ...	5	—	2	—	—	—
Medical or hospital supervision ...	2	7	13	1	24	15
Optical ...	—	5	—	—	6	6
Refused treatment ...	2	—	1	—	—	—
Willing to undergo treatment when eyes are ready or beds become available or if physical condition improves ...	6	3	1	2	1	—
Not agreeable for treat- ment, undecided, or too frail... ..	3	—	—	—	3	—
Died ...	—	—	—	—	1	—

Four of the blind patients suffering from glaucoma had received no recent specialist advice prior to certification; one, a woman, was admitted immediately to hospital but the operation was unsuccessful; another refused to have treatment other than medical; and treatment recommended was arranged for the other patients.

Five blind and three partially sighted persons with cataract had had no specialist advice before being registered. They were all elderly or frail but operative treatment was recommended for two and they both subsequently underwent it successfully.

The causes of defective vision of the partially sighted children newly registered during the year were all primarily of a congenital nature—optic atrophy, macular dystrophy, congenital cataract, albinism. Two of the children were aged 14 and 15 respectively when registered and had attended ordinary schools.

SOCIAL WELFARE.

Seven home teachers continued to be employed during the year, although one resigned in December to be married.

They interviewed new applicants for registration, visited the blind and partially sighted in their respective area, gave instruction in

embossed signs and crafts, both domiciliary and in craft classes, assisted the newly registered to become adjusted to their blindness, and advised and helped with many social and personal problems.

Two men attended a social rehabilitation centre at Bridgnorth, Shropshire, and derived considerable benefit from the courses.

Many blind had the services of a home help—although the younger and more capable blind were encouraged to do as much as possible for themselves.

The Department continued to act as agent for the British Wireless for the Blind Fund, and during the year 40 blind persons were provided or re-issued with sets.

The Royal National Institute for the Blind continued to allocate a proportion of its collections to the Northumberland County Blind Persons Trust Fund which is administered by the Department, bi-annual grants being paid out of the fund to local voluntary committees for the blind. Grants were also given to the committees by the Council to cover expenses for partially sighted to attend clubs.

Eight clubs for the blind visited each other to play dominoes to compete for the John George and Gertrude Legg Challenge Shields.

The National Library for the Blind continued to provide a service for readers of Braille and Moon type, new readers being made members as soon as they were proficient. Books were also borrowed from Tynemouth Library for the Blind.

Two exhibitions and sales of articles made by the blind were held—at Ashington and the County Hall, Newcastle, while a display of articles was also arranged at Warkworth Flower Show.

EMPLOYMENT.

A partially sighted man and blind woman underwent courses of industrial rehabilitation at Torquay, the woman later being given temporary employment to assist children in one of the Royal National Institute for the Blind Special Schools.

A young blind man was placed in employment as a telephonist and an older man as a capstan lathe operator after a period of training. A 17 year old youth obtained factory work. Another man who was placed in employment as a telephonist gave up the work as he found he was only a few shillings better off by working than he was on National Assistance Benefit.

A newly registered blind man and a partially sighted man were able to continue their employment after registration. Three men and a youth trained or re-trained for employment at the Workshops for the Adult Blind. A young blind man continued to study for his B.A. degree at University.

In December the employment position of the blind and partially sighted was as follows:—

	Blind	P.S.
Employed in Workshops for the Blind ...	27	—
Employed under Home Workers' Scheme ...	2	—
Employed in other capacities (16—64) ...	28	32
Employed in other capacities (over 64) ...	2	—
Undergoing training (sheltered) ...	4	—
Undergoing training (open) ...	1	—
Unemployed (trained) ...	2	—
Unemployed (not trained) ...	5	3
Not available or capable of employment (16-64)	175	46
	<hr/> 246	<hr/> 81

NICHOLAS GARROW HOME.

The home provided accommodation for 31 blind persons and was administered by the Department as Part III accommodation under the National Assistance Act. During the temporary absence of permanent residents, arrangements were made for nine blind people to spend holidays in the home. The Council is grateful to the clergymen and other preachers who conducted weekly services in the home, to the various organisations who arranged concerts and other entertainment and to ladies of the Inner Wheel who visited the home each week to read to the residents and help them with their correspondence.

Generally Handicapped.

REGISTRATION.

Cases of physically handicapped persons were referred to the Department by medical practitioners, consultants, hospital almoners, health visitors and other officers of the Council, and various lay sources. Of the number investigated, 107 were considered suitable for registration under the Council's scheme.

The main cause of disability of the persons referred during the year was multiple sclerosis, 21 persons suffering from this condition being newly registered. A summary of causes of disability is shown on Table 30.

Age groups of the number registered on 31st December were:—

Under 16			16—64			65 plus			All Ages		
M.	F.	Total	M.	F.	Total	M.	F.	Total	M.	F.	Total
15	25	40	330	350	680	22	23	45	367	398	765

SOCIAL WELFARE.

One of the aims of the Department's officers is to encourage and assist handicapped persons to achieve as much independence as possible, and the provision of structural alterations and special appliances has become an important factor in helping in their rehabilita-

tion. Even a simple gadget such as a pick-up aid can mean much to someone who has been dependent on others to retrieve everything for him, and a chair-bound housewife gains considerable confidence when her kitchen equipment—special gas stove, shelves, sink, etc.,—are all conveniently placed.

During the year the Department paid for or assisted towards the cost of structural alterations for 26 handicapped persons and special aids for 8, while many of the handicapped personally paid for the cheaper variety of gadgets.

The Council agreed to contribute towards the loan charges for a bungalow to be specially built for a married couple, both chair-bound, by Castle Ward Rural District Council, and agreed in principle to assist with the cost of adapting four flats for disabled persons to be built by Blyth Borough Council.

The Council's officers continued to visit handicapped people at home, advised them upon personal problems and many other matters.

In accordance with a recommendation of the Minister of Health, arrangements were made to issue special car badges to certain classes of disabled drivers to assist them with parking difficulties.

EMPLOYMENT.

A close liaison was maintained with the Disablement Resettlement Officers of the Ministry of Labour in connection with training and employment, but placement in suitable work continued to be difficult. So many factors have to be considered when trying to place a severely handicapped person, position of buildings, number of steps, toilet facilities available, etc.

Towards the end of the year a sub-committee of representatives of North Shields, Wallsend and Newcastle Disablement Advisory Committees of the Ministry of Labour decided to invite representatives of local authorities to join them in discussing the question of the need for the establishment of sheltered workshops for sighted disabled, and arrangements were made for a meeting to take place early in the new year.

Registered handicapped persons who commenced employment during the year included:—

Spastic (32)	...	...	...	Apprentice alteration hand
Post poliomyelitis (24)	...	...	...	Typist clerk
„ „ (20)	...	...	...	Apprentice electrician.
Congenital deformity (16)	...	...	...	Clerk.
Paraplegic (26)	...	...	...	Clerk.

Two handicapped young women attended residential training centres.

Registered employed persons in December included:—

Remploy workers	...	...	...	...	...	12
Remploy home-workers	...	...	...	...	...	5
Self employed	...	...	...	...	...	4
Other employment	...	...	...	...	...	49
Part-time workers	...	...	...	...	...	14
						—
						84
						==

EPILEPTIC AND SPASTIC PERSONS.

The Council maintained 8 adult epileptics in colonies during the year. Difficulty was experienced in finding suitable holiday accommodation for a young epileptic woman colonist who had no settled home and a St. John nursing sister agreed to accommodate her with another young colonist from a different area for a fortnight and she gave them a very happy holiday. It is difficult to arrange short term accommodation and convalescent treatment for epileptics.

In addition to the 61 adults registered as handicapped, there were 45 epileptic children known to the Department comprising 9 attending special schools, 15 attending ordinary schools, 3 awaiting admission to a special school, 2 receiving home tuition and 16 ineducable.

In addition to 66 adult spastics registered as handicapped, 64 spastic children were known (nine of these children being registered for special reasons). The children comprised 21 attending special schools, 18 attending ordinary schools, 4 receiving home tuition, 17 ineducable and 4 not at school.

The Council continued to make a grant to the Percy Hedley Day Workroom in respect of 8 spastics attending from the County area.

Spastics attended the clubs for the handicapped in various areas in the County and arrangements were made for 9 spastics to go on holiday with other handicapped persons.

HOME FOR HANDICAPPED.

Work commenced on the adaptations and extensions to Merley Croft, Morpeth, towards the end of the year, but it was anticipated that the home would not be ready to accommodate handicapped persons for at least a year.

Deaf and Hard of Hearing.

The Council continued to employ the Northumberland and Durham Mission to the Deaf as agent in the south east area of the County, their officers being available for specialist service, including placement and interpretation over the whole County.

In the more sparsely populated areas in the north and west, home teachers for the blind continued to carry out the visiting and social welfare services.

REGISTRATION.

There was little change in the registration figures during the year, the age groups on 31st December being as follows:—

	Under 16.	16—64.	65 and over.	* Total.
Deaf	71	168	16	255
Hard of Hearing ...	4	28	12	44
	<u>75</u>	<u>196</u>	<u>28</u>	<u>299</u>

EMPLOYMENT.

Twelve deaf were placed in employment, including 4 school leavers who commenced work as an apprentice painter, apprentice joiner, gardening labourer and trainee dental mechanic.

SOCIAL AND WELFARE.

Miscellaneous social welfare services were carried out by the Mission's staff during the year. Unfortunately owing to the sale of the premises at Blyth where religious and club meetings took place, the Mission had to look for alternative accommodation and made arrangements for a Saturday night club to take place in a local church hall and for religious services to be held in the Seaman's Mission as a temporary measure. Deaf living in areas adjacent to Newcastle attended the premises in the city.

The Council paid grants to hard of hearing clubs in the County and also to the Club for Deaf conducted by the Society of St. Vincent de Paul.

Details of visits paid are shown in Table 29.

TABLES
of
STATISTICS
1961

TABLE 1.

ADMINISTRATIVE COUNTY OF NORTHUMBERLAND.

POPULATION—YEAR 1961.

BOROUGH :—

Berwick-upon-Tweed	...	...	...	...	...	...	12,200
Blyth	...	...	...	...	...	...	35,970
Morpeth	...	...	...	...	...	...	11,990
Wallsend	...	...	...	...	...	...	49,750
Whitley Bay	...	...	...	...	...	...	35,810
							<hr/> 145,720

URBAN DISTRICTS :—

Alnwick	...	...	...	...	...	...	7,550
Amble	...	...	...	...	...	...	4,900
Ashington	...	...	...	...	...	...	27,380
Bedlingtonshire	...	...	...	...	...	...	29,570
Gosforth	...	...	...	...	...	...	26,600
Hexham	...	...	...	...	...	...	9,500
Longbenton	...	...	...	...	...	...	47,070
Newbiggin-by-the-Sea	...	...	...	...	...	...	10,090
Newburn	...	...	...	...	...	...	27,980
Prudhoe	...	...	...	...	...	...	9,990
Seaton Valley	...	...	...	...	...	...	26,040
							<hr/> 226,670

RURAL DISTRICTS :—

Alnwick	...	...	...	...	...	...	12,240
Belford	...	...	...	...	...	...	4,800
Bellingham	...	...	...	...	...	...	5,410
Castle Ward	...	...	...	...	...	...	25,330
Glendale	...	...	...	...	...	...	6,940
Haltwhistle	...	...	...	...	...	...	6,890
Hexham	...	...	...	...	...	...	19,980
Morpeth	...	...	...	...	...	...	17,120
Norham and Islandshires			...	...	...	...	4,100
Rothbury...	...	...	...	...	...	...	5,330
							108,140
Totals	...						480,530

TABLE 2.
POPULATION—DISTRIBUTION FOR PURPOSES OF
AREA ADMINISTRATION.

AREA.				POPULATION.
North No. 1	...	...		28,040
North No. 2	...	...		30,020
Central	...	...	...	66,580
East...	...	...	...	65,540
South	...	...	...	92,337
South East...	...	...	...	108,920
West	...	...	...	39,343
Wallsend	...	...	...	49,750
TOTAL				480,530

TABLE 3.
VITAL AND MORTALITY STATISTICS.

YEAR.			Birth rate per 1,000 living.	General death rate per 1,000 living.	Infant mortality rate per 1,000 births.	Principal Infectious Diseases death rate per 1,000 living	Death Rate from Respiratory Tuberculosis per 1,000 living.
1910	...	...	26.91	12.99	114.73	1.01	0.93
1911	...	...	27.48	13.96	136.79	1.94	0.98
1912	...	...	27.05	12.98	93.80	1.02	0.86
1913	...	...	26.43	13.61	111.39	1.28	0.91
1914	...	...	26.61	13.31	113.78	1.33	0.91
1915	...	...	24.42	15.82	122.00	2.04	1.03
1916	...	...	21.91	13.75	101.00	0.84	1.10
1917	...	...	20.39	13.60	101.00	0.97	1.06
1918	...	...	21.54	17.26	101.00	1.07	1.22
1919	...	...	22.14	14.11	102.00	0.92	0.97
1920	...	...	28.30	12.89	90.00	0.76	0.92
1921	...	...	25.50	12.42	95.00	1.01	0.87
1922	...	...	22.54	12.72	87.00	0.41	0.88
1923	...	...	22.56	11.33	76.00	0.74	0.85
1924	...	...	22.18	12.06	83.00	0.40	0.82
1925	...	...	20.88	11.63	82.00	0.67	0.78
1926	...	...	20.02	11.37	77.00	0.53	0.73
1927	...	...	17.90	11.53	77.00	0.27	0.81
1928	...	...	18.37	11.39	67.00	0.28	0.68
1929	...	...	16.79	12.22	81.00	0.65	0.74
1930	...	...	17.13	11.02	62.00	0.23	0.78
1931	...	...	16.66	12.24	77.00	0.41	0.75
1932	...	...	15.94	11.33	67.00	0.25	0.68
1933	...	...	15.42	11.93	71.00	0.31	0.65
1934	...	...	15.48	11.78	69.00	0.43	0.60
1935	...	...	15.60	11.67	71.00	0.32	0.53
1936	...	...	15.26	12.02	70.00	0.30	0.55
1937	...	...	15.16	12.67	66.00	0.26	0.54
1938	...	...	15.00	11.76	64.00	0.31	0.40
1939	...	...	14.80	11.84	55.50	0.20	0.52
1940	...	...	15.00	12.44	59.00	0.17	0.55
1941	...	...	15.07	12.84	74.00	0.25	0.51
1942	...	...	16.39	11.59	54.00	0.20	0.39
1943	...	...	17.61	12.50	56.00	0.18	0.51
1944	...	...	19.87	12.16	48.00	0.21	0.50
1945	...	...	17.58	12.24	50.00	0.17	0.47
1946	...	...	19.74	11.98	48.00	0.13	0.49
1947	...	...	20.66	12.14	43.00	0.13	0.44
1948	...	...	18.04	11.13	40.00	0.09	0.43
1949	...	...	17.52	11.92	36.00	0.08	0.37
1950	...	...	16.69	12.24	36.60	0.08	0.28
1951	...	...	16.46	12.58	32.49	0.07	0.24
1952	...	...	16.08	11.25	29.37	0.08	0.17
1953	...	...	16.90	11.78	28.46	0.08	0.16
1954	...	...	16.26	12.23	27.03	0.06	0.15
1955	...	...	16.34	12.06	26.75	0.05	0.15
1956	...	...	16.51	11.87	25.80	0.03	0.11
1957	...	...	16.68	11.49	23.51	0.05	0.06
1958	...	...	17.08	12.05	24.03	0.05	0.06
1959	...	...	17.23	11.56	23.58	0.04	0.04
1960	...	...	16.66	11.80	20.28	0.04	0.05
1961	...	...	16.75	11.97	19.75	0.02	0.06

TABLE 4.
GENERAL STATISTICS.

	NUMBERS.			RATES.		
	Boro's and Urban Districts.	Rural Districts.	Total for County.	Boro's and Urban Districts.	Rural Districts.	Total for County.
Population	372,390	108,140	480,530	—	—	—
Births (Live)	6,375	1,674	8,049	17.12	15.48	16.75
Legitimate	6,157	1,620	7,777	16.53	14.98	16.18
Illegitimate	218	54	272	0.59	0.50	0.57
				(Per 1,000 population)		
Births (Still)	135	32	167	20.74	18.76	20.33
Legitimate	131	32	163	20.83	19.37	20.53
Illegitimate	4	—	4	18.02	—	14.49
				(Per 1,000 registered births)		
Births (Live and Still)	6,510	1,706	8,216	17.48	15.78	17.10
Legitimate	6,288	1,652	7,940	16.89	15.28	16.52
Illegitimate	222	54	276	0.60	0.50	0.57
				(Per 1,000 population)		
Deaths (Total)	4,294	1,460	5,754	11.53	13.50	11.97
				(Per 1,000 population)		
Deaths of Infants under 1 year of age	129	30	159	20.24	17.92	19.75
Legitimate	124	28	152	20.14	17.28	19.54
Illegitimate	5	2	7	22.94	37.04	25.74
				(Per 1,000 live births)		
Deaths of Infants under 4 weeks of age	93	27	120	14.59	16.13	14.91
Legitimate	90	25	115	14.62	15.43	14.79
Illegitimate	3	2	5	13.76	37.04	18.38
				(Per 1,000 live births)		
Deaths of Infants under 1 week of age	74	26	100	11.61	15.53	12.42
Legitimate	72	24	96	11.69	14.81	12.34
Illegitimate	2	2	4	9.18	37.04	14.71
				(Per 1,000 live births)		
Maternal Deaths	3	1	4	0.46	0.59	0.49
				(Per 1,000 births—live and still)		

Comparability Factors

(Administrative County)	0.98	1.11
Rates per 1,000 population after adjustment	16.41	13.29

Births. Deaths.

TABLE 5.
BIRTHS (LIVE AND STILL).

COUNTY DISTRICTS.	LIVE.					STILL.					Total Births— Live and Still.
	Leg.		Illeg.		Total	Leg.		Illeg.		Total	
	M.	F.	M.	F.		M.	F.	M.	F.		
Boroughs :—											
Berwick-upon-Tweed ...	131	133	3	7	274	—	7	—	—	7	281
Blyth ...	285	292	12	13	602	4	4	—	—	8	610
Morpeth ...	118	108	6	3	235	1	2	—	—	3	238
Wallsend...	475	442	24	23	964	13	9	1	—	23	987
Whitley Bay ...	285	257	15	10	567	8	2	1	—	11	578
Urban Districts :—											
Alnwick ...	62	60	—	2	124	3	1	—	—	4	128
Amble ...	51	43	3	—	97	2	2	—	—	4	101
Ashington ...	208	211	3	7	429	5	7	—	—	12	441
Bedlingtonshire	258	230	3	5	496	4	3	—	—	7	503
Gosforth ...	210	177	7	8	402	4	5	—	—	9	411
Hexham ...	66	62	2	2	132	1	1	—	—	2	134
Longbenton ...	414	402	21	13	850	15	6	—	—	21	871
Newbiggin-by-the-Sea ...	81	59	2	3	145	2	1	—	—	3	148
Newburn...	266	236	11	3	516	5	4	2	—	11	527
Prudhoe ...	80	69	—	2	151	2	—	—	—	2	153
Seaton Valley ...	192	194	2	3	391	3	5	—	—	8	399
Rural Districts :—											
Alnwick ...	101	94	2	4	201	1	—	—	—	1	202
Belford ...	36	33	1	2	72	1	—	—	—	1	73
Bellingham ...	40	37	3	4	84	3	2	—	—	5	89
Castle Ward ...	211	203	2	4	420	5	5	—	—	10	430
Glendale ...	49	42	1	1	93	1	—	—	—	1	94
Haltwhistle ...	57	47	4	1	109	1	1	—	—	2	111
Hexham ...	146	139	7	6	298	4	4	—	—	8	306
Morpeth ...	125	137	5	2	269	—	2	—	—	2	271
Norham and Islandshires ...	18	25	2	1	46	—	—	—	—	—	46
Rothbury ...	45	35	1	1	82	1	2	—	—	3	85
TOTALS ...	4010	3767	142	130	8049	89	75	4	—	168	8217

TABLE 6.
INFANT DEATHS.

COUNTY DISTRICTS.	Live Births.	FIRST YEAR.		FIRST MONTH.		FIRST WEEK.	
		Infant Deaths under 1 year	Infant Mortal- ity Rate per 1000 live births.	Infant Deaths under 4 weeks of age.	Death Rate per 1000 live births.	Infant Deaths under 1 week of age.	Death Rate per 1000 live births.
<i>Boroughs.</i>							
Berwick	274	6	21·90	5	18·25	4	14·60
Blyth	602	13	21·59	10	16·61	8	13·29
Morpeth	235	6	25·53	4	17·02	3	12·77
Wallsend	964	24	24·90	15	15·56	13	13·49
Whitley Bay	567	7	12·35	7	12·35	4	7·05
<i>Urban Districts.</i>							
Alnwick	124	1	8·06	—	—	—	—
Amble	97	3	30·93	3	30·93	2	20·62
Ashington	429	9	20·98	6	13·99	6	13·99
Bedlingtonshire	496	12	24·19	10	20·16	6	12·10
Gosforth	402	7	17·41	6	14·93	6	14·93
Hexham	132	2	15·15	2	15·15	1	7·58
Longbenton	850	13	15·29	8	9·41	7	8·24
Newbiggin-by-the- Sea	145	2	13·79	1	6·90	1	6·90
Newburn	516	10	19·38	7	13·57	6	11·63
Prudhoe	151	4	26·49	2	13·25	1	6·62
Seaton Valley	391	10	25·58	7	17·90	6	15·35
<i>Rural Districts.</i>							
Alnwick	201	5	24·88	5	24·88	5	24·88
Belford	72	1	13·89	—	—	—	—
Bellingham	84	3	35·71	2	23·81	2	23·81
Castle Ward	420	7	16·67	7	16·67	7	16·67
Glendale	93	—	—	—	—	—	—
Haltwhistle	109	2	18·35	2	18·35	2	18·35
Hexham	298	5	16·78	5	16·78	4	13·42
Morpeth	269	4	14·87	3	11·15	3	11·15
Norham and Islandshires	46	—	—	—	—	—	—
Rothbury	82	3	36·59	3	36·59	3	36·59
TOTALS	8,049	159	19·75	120	14·91	100	12·42

TABLE 7.

NOTIFICATIONS OF INFECTIOUS DISEASES.

COUNTY DISTRICTS.	Scarlet Fever.	Whooping Cough.	Acute Poliomyel- itis (Paralytic)	Measles.	Dysentery.	Meningococcal Infection.	Pneumonia.	Paratyphoid Fever	Erysipelas.	Food Poisoning.	Puerperal Pyrexia.	TOTALS.
Boroughs												
Berwick/Tweed ...	—	3	—	39	—	—	—	—	—	8	—	50
Blyth ...	1	3	—	733	2	—	4	—	1	1	—	745
Morpeth ...	1	—	—	270	1	—	5	—	—	—	—	277
Wallsend ...	2	22	—	113	1	—	3	—	1	1	—	143
Whitley Bay ...	4	6	1	510	2	—	10	—	1	—	—	534
Urban Districts												
Alnwick ...	—	—	—	20	—	—	—	—	—	—	—	20
Amble ...	—	—	—	79	2	—	—	—	—	—	—	81
Ashington ...	1	—	—	410	35	1	1	—	—	—	—	448
Bedlingtonshire ...	6	8	—	711	2	2	1	—	—	5	—	735
Gosforth ...	10	19	—	467	18	—	13	1	3	—	1	532
Hexham ...	1	—	—	222	—	1	6	—	—	1	—	231
Longbenton ...	15	13	—	1096	2	1	4	—	3	3	—	1137
Newbiggin by the Sea ...	2	8	—	214	33	—	—	—	—	3	1	261
Newburn ...	2	9	—	589	14	—	3	—	2	—	—	619
Prudhoe ...	2	35	—	82	1	—	1	—	1	—	—	122
Seaton Valley ...	3	1	—	347	19	1	7	—	—	5	—	383
Rural Districts												
Alnwick ...	2	14	1	100	1	—	3	—	1	—	—	122
Belford ...	—	2	—	182	—	—	—	—	—	1	—	185
Bellingham ...	1	—	—	155	—	—	2	—	—	—	—	158
Castle Ward ...	2	6	—	716	8	—	7	—	1	—	—	740
Glendale ...	—	24	—	165	—	—	1	—	1	—	—	191
Haltwhistle ...	3	—	—	266	—	—	2	—	—	—	—	271
Hexham ...	12	1	—	289	—	—	10	—	1	—	1	314
Morpeth ...	5	4	—	301	1	—	6	—	1	2	—	320
Norham and Islandshires ...	—	2	—	12	—	—	—	—	—	—	—	14
Rothbury ...	6	—	—	134	2	—	17	—	1	—	—	160
Totals ...	81	180	2	8222	144	6	106	1	18	30	3	8793

No case of diphtheria, acute poliomyelitis (non-paralytic), smallpox, acute encephalitis, enteric or typhoid fever or ophthalmia neonatorum was notified during the year.

TABLE 8.

CLASSIFICATION OF DEATHS (Year 1961) ACCORDING TO DISEASE.

	BOROUGH AND URBAN DISTRICTS.			RURAL DISTRICTS.			TOTAL COUNTY.		
	M.	F.	Total.	M.	F.	Total.	M.	F.	Total.
Tuberculosis (Respiratory)	15	7	22	3	2	5	18	9	27
Tuberculosis (Other) ...	1	1	2	2	—	2	3	1	4
Syphilitic Disease ...	5	3	8	2	1	3	7	4	11
Diphtheria ...	—	—	—	—	—	—	—	—	—
Whooping Cough ...	—	—	—	—	—	—	—	—	—
Meningococcal Infections ...	—	—	—	—	—	—	—	—	—
Acute Poliomyelitis ...	—	—	—	—	—	—	—	—	—
Measles ...	—	—	—	—	—	—	—	—	—
Other Infective and Parasitic Diseases ...	3	3	6	1	1	2	4	4	8
Malignant Neoplasm—									
Stomach ...	81	64	145	11	17	28	92	81	173
Lung, Bronchus ...	132	24	156	32	11	43	164	35	199
Breast ...	—	71	71	—	16	16	—	87	87
Uterus ...	—	31	31	—	7	7	—	38	38
Other Malignant and Lymphatic Neoplasms ...	166	166	332	47	53	100	213	219	432
Leukaemia, Aleukaemia ...	5	8	13	1	2	3	6	10	16
Diabetes ...	12	19	31	1	6	7	13	25	38
Vascular Lesions of Nervous System ...	277	374	651	110	205	315	387	579	966
Coronary Disease, Angina	524	325	849	158	106	264	682	431	1113
Hypertension with Heart Disease ...	31	50	81	4	18	22	35	68	103
Other Heart Disease ...	248	335	583	95	130	225	343	465	808
Other Circulatory Disease...	88	85	173	30	48	78	118	133	251
Influenza ...	7	7	14	4	4	8	11	11	22
Pneumonia ...	87	66	153	38	22	60	125	88	213
Bronchitis ...	174	64	238	41	13	54	215	77	292
Other Diseases of Respiratory System ...	31	12	43	9	1	10	40	13	53
Ulcer of Stomach and Duodenum ...	21	10	31	7	5	12	28	15	43
Gastritis, Enteritis and Diarrhoea ...	14	11	25	1	3	4	15	14	29
Nephritis and Nephrosis ...	15	16	31	8	3	11	23	19	42
Hyperplasia of Prostate ...	15	—	15	6	—	6	21	—	21
Pregnancy, Childbirth, Abortion ...	—	3	3	—	1	1	—	4	4
Congenital Malformations	19	19	38	4	1	5	23	20	43
Other Defined and Ill-Defined Diseases ...	158	206	364	48	57	105	206	263	469
Motor vehicle accidents ...	32	9	41	11	7	18	43	16	59
All other accidents...	59	51	110	22	14	36	81	65	146
Suicide ...	19	14	33	3	6	9	22	20	42
Homicide and operations of war ...	1	—	1	1	—	1	2	—	2
TOTALS ...	2240	2054	4294	700	760	1460	2940	2814	5754

TABLE 9.
DEATHS FROM CANCER

COUNTY DISTRICTS.	Population.	Stomach.	Lung, Bronchus.	Breast.	Uterus.	Other Malignant and Lymphatic Neoplasms.	Leukaemia and Aleukaemia.	TOTALS.		RATES PER 1,000 POPULATION	
								Excluding Leukaemia Aleukaemia.	Including Leukaemia Aleukaemia.	Excluding Leukaemia Aleukaemia.	Including Leukaemia Aleukaemia.
Boroughs—											
Berwick ...	12,200	4	7	1	—	11	—	23	23	1.89	1.89
Blyth ...	35,970	17	14	10	6	32	—	79	79	2.20	2.20
Morpeth ...	11,990	3	4	2	1	12	1	22	23	1.83	1.92
Wallsend ...	49,750	21	28	9	4	50	—	112	112	2.25	2.25
Whitley Bay	35,810	9	20	10	6	41	5	86	91	2.40	2.54
Urban Districts—											
Alnwick ...	7,550	7	2	2	—	6	—	17	17	2.25	2.25
Amble... ..	4,900	1	2	1	—	—	—	4	4	0.82	0.82
Ashington ...	27,380	8	10	2	2	18	2	40	42	1.46	1.53
Bedlingtonshire	29,570	15	15	5	2	29	—	66	66	2.23	2.23
Gosforth ...	26,600	10	9	7	2	25	1	53	54	1.99	2.03
Hexham ...	9,500	5	2	4	—	10	—	21	21	2.21	2.21
Longbenton ...	47,070	16	13	8	2	37	1	76	77	1.61	1.64
Newbiggin-by- the-Sea ...	10,090	3	7	3	1	7	—	21	21	2.08	2.08
Newburn ...	27,980	11	10	3	4	22	3	50	53	1.79	1.89
Prudhoe ...	9,990	4	1	2	—	7	—	14	14	1.40	1.40
Seaton Valley	26,040	11	12	2	1	25	—	51	51	1.96	1.96
Rural Districts—											
Alnwick ...	12,240	7	5	1	—	19	—	32	32	2.61	2.61
Belford ...	4,800	1	2	1	—	5	—	9	9	1.88	1.88
Bellingham ...	5,410	1	2	3	—	5	—	11	11	2.03	2.03
Castle Ward ...	25,330	5	11	2	2	17	—	37	37	1.46	1.46
Glendale ...	6,940	1	3	1	1	5	1	11	12	1.59	1.73
Haltwhistle ...	6,890	—	3	—	1	9	—	13	13	1.89	1.89
Hexham ...	19,980	6	8	4	1	18	1	37	38	1.85	1.90
Morpeth ...	17,120	2	6	2	2	14	1	26	27	1.52	1.58
Norham and Islandshires	4,100	3	1	—	—	2	—	6	6	1.46	1.46
Rothbury ...	5,330	2	2	2	—	6	—	12	12	2.25	2.25
TOTALS ...	480,530	173	199	87	38	432	16	929	945	1.93	1.97

TABLE 10.

DEATH RATES AND DEATHS FROM CANCER
(excluding Leukaemia and Aleukaemia)
YEARS 1940 TO 1961.

Year.	Population.	Number of Deaths.	Rate per 1,000 Population.
1940	411,400	648	1.58
1941	407,120	656	1.61
1942	398,300	635	1.59
1943	397,740	686	1.72
1944	390,320	725	1.86
1945	392,510	725	1.84
1946	412,080	712	1.73
1947	417,510	740	1.77
1948	431,850	750	1.74
1949	436,370	796	1.82
1950	438,310	768	1.75
1951	437,600	797	1.82
1952	438,300	843	1.92
1953	440,600	836	1.89
1954	445,900	871	1.95
1955	453,000	870	1.92
1956	459,800	874	1.90
1957	463,900	866	1.87
1958	470,300	954	2.03
1959	475,000	904	1.90
1960	482,480	944	1.95
1961	480,530	929	1.93

TUBERCULOSIS.

TABLE 11.

STATISTICS—YEARS 1928 TO 1961.

YEAR.	NOTIFICATIONS.			DEATHS.			DEATH RATE PER 1,000 POPULATION.		
	Respira- tory.	Other Forms	All Forms	Respira- tory.	Other Forms	All Forms	Respira- tory.	Other Forms	All Forms
1928	780	357	1,137	277	107	384	0.68	0.26	0.94
1929	722	265	987	301	108	409	0.74	0.26	1.00
1930	730	282	1,012	321	89	410	0.78	0.22	1.00
1931	642	272	914	309	100	409	0.75	0.25	1.00
1932	592	247	839	279	93	372	0.68	0.23	0.91
1933	519	195	714	268	81	349	0.65	0.20	0.85
1934	502	212	714	249	85	334	0.60	0.21	0.81
1935	378	207	585	218	77	295	0.53	0.19	0.72
1936	392	165	557	224	66	290	0.55	0.16	0.71
1937	338	149	487	219	78	297	0.54	0.19	0.73
1938	347	190	537	164	64	228	0.40	0.16	0.56
1939	288	130	418	216	58	274	0.52	0.14	0.66
1940	343	111	454	226	58	284	0.55	0.14	0.69
1941	346	116	462	208	51	259	0.51	0.13	0.63
1942	298	116	414	156	36	192	0.39	0.09	0.48
1943	458	125	583	202	50	252	0.51	0.13	0.64
1944	506	134	640	195	43	238	0.50	0.11	0.61
1945	608	127	735	186	47	233	0.47	0.12	0.59
1946	454	116	570	200	42	242	0.49	0.10	0.59
1947	439	125	564	186	39	225	0.44	0.09	0.53
1948	442	137	579	187	32	219	0.43	0.07	0.50
1949	506	104	610	160	26	186	0.37	0.06	0.43
1950	519	116	635	124	26	150	0.28	0.06	0.34
1951	523	87	610	105	18	123	0.24	0.04	0.28
1952	519	91	610	77	15	92	0.17	0.04	0.21
1953	480	111	591	71	12	83	0.16	0.03	0.19
1954	556	101	657	66	7	73	0.15	0.01	0.16
1955	564	79	643	67	8	75	0.15	0.02	0.17
1956	399	68	467	50	5	55	0.11	0.01	0.12
1957	356	69	425	26	7	33	0.06	0.01	0.07
1958	340	57	397	28	4	32	0.06	0.01	0.07
1959	309	35	344	20	4	24	0.04	0.01	0.05
1960	330	37	367	25	1	26	0.05	0.002	0.05
1961	214	43	257	27	4	31	0.06	0.008	0.06

TABLE 12.

NOTIFICATIONS AND MORTALITY AT SPECIFIED AGE PERIODS
DURING THE YEAR 1961.

AGE PERIODS.			* NEW CASES.						DEATHS.					
			Respiratory.			Non-Respiratory.			Respiratory.			Non-Respiratory.		
			M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
0—	...	...	1	—	1	—	—	—	—	—	—	—	1	1
1—	...	...	7	3	10	—	—	—	—	—	—	—	—	—
5—	...	...	8	8	16	1	3	4	—	—	—	—	—	—
15—	...	...	54	51	105	11	19	30	—	—	—	—	—	—
45—	...	...	47	20	67	7	1	8	10	4	14	2	—	2
65 and upwards...			9	6	15	1	—	1	8	5	13	1	—	1
TOTALS	...		126	88	214	20	23	43	18	9	27	3	1	4

* Includes new cases coming to the knowledge of the County Medical Officer other than by formal notification.

TABLE 13.

MASS MINIATURE RADIOGRAPHY.

AREA.	Number of X-ray Films.	Number referred to Chest Clinics	New cases of Tuberculosis notified.	% Cases of Tuberculosis.
UNIT 1A.				
Industrial ...	4,052	25	4	0·09
General Public				
Burradon				
Cramlington				
Dinnington				
Gosforth	3,214	114	3	0·09
Longbenton				
Ponteland				
Prudhoe				
Throckley				
UNIT 2.				
Alnwick ...	822	6	2	0·24
Amble ...	418	10	—	—
Ashington ...	551	17	2	0·36
Bedlington ...	342	4	—	—
Berwick ...	927	19	—	—
Blyth... ...	1,250	18	1	0·08
Boulmer (R.A.F.) ...	112	2	—	—
Cambois ...	385	5	1	0·26
Morpeth ...	550	17	1	0·18
Seaton Delaval ...	307	9	2	0·65
Wallsend ...	6,983	83	6	0·08
Whitley Bay ...	773	6	1	0·13
Psychiatric Hospitals ...	1,501	49	—	—
Approved Schools ...	382	4	—	—
Totals ...	22,569	388	23	0·10

CARE AND AFTER-CARE.

TABLE 14.

WORK OF THE SOCIAL WORKER

Home Visits	...	...	...	...	...	...	...	529
Sanatorium Visits	...	...	...	...	...	...	...	948
Seen at Chest Clinics	...	...	...	...	...	...	...	653
Details of help given :—								
After-Care Sub-Committees :	Extra nourishment	...	...	...	...	...	...	260
	Bedding and clothing	...	...	...	...	...	...	35
	Travelling expenses	...	...	...	...	...	...	92
	Other help	...	...	...	...	...	...	14
National Assistance Board :	Allowances	...	...	...	...	...	...	103
	Bedding and clothing	...	...	...	...	...	...	21
	Travelling expenses	...	...	...	...	...	...	1
	Extra nourishment	...	...	...	...	...	...	21
	Other help	...	...	...	...	...	...	3
Resettlement :—								
To Ministry of Labour D.R.O.	...	...	...	...	...	...	...	54
To Government Training Centre or Industrial Rehabilitation Unit	...	...	...	...	...	...	...	5
Attended Resettlement Clinics	...	...	...	...	...	...	...	—
Commenced work	...	...	...	...	...	...	...	32
To convalescent holiday	...	...	...	...	...	...	...	16

Help for cases was also obtained from other sources including Nursing Care Committees, home help, handicapped, mental health, children's, education family care and probation services, housing departments, Marie Curie Memorial Foundation, Ministry of Pensions and National Insurance, S.S.A.F.A., W.V.S., N.S.C.R., British Red Cross, N.S.P.C.C., and other societies.

TABLE 15.
CONVALESCENCE.

Year.	ADMISSIONS.				Number of convalescent days.
	Males.	Females.	Children.	Total.	
1955	29	66	8	103	2,269
1956	22	58	7	87	1,749
1957	20	61	5	86	1,716
1958	19	52	16	87	2,076
1959	10	69	22	101	1,287
1960	5	59	11	75	1,008
1961	4	62	5	71	1,000

MATERNITY AND CHILD WELFARE DENTAL SERVICE.

TABLE 16.

EXPECTANT AND NURSING MOTHERS—Number provided with Dental Care.

	1957.	1958.	1959.	1960.	1961.
Number examined	1,829	1,592	1,447	1,358	1,597
Needing treatment	1,524	1,327	1,206	1,136	1,405
Treated	1,270	1,106	1,005	950	1,257
Attendances	5,868	5,846	5,343	5,204	5,608
Made dentally fit	998	1,016	904	940	1,045

PRE-SCHOOL CHILDREN—Number provided with Dental Care.

	1957.	1958.	1959.	1960.	1961.
Number examined	1,966	1,757	1,641	1,848	2,421
Needing treatment	1,638	1,464	1,368	1,542	1,863
Treated	1,365	1,220	1,140	1,288	1,636
Attendances	2,261	2,033	1,910	2,076	2,370
Made dentally fit	1,184	1,109	1,013	917	1,250

EXPECTANT AND NURSING MOTHERS—Forms of treatment provided.

	1957.	1958.	1959.	1960.	1961.
Extractions	5,953	4,779	4,833	3,499	3,644
Anaesthetics—Local	1,560	1,019	1,061	972	974
General	395	338	373	320	306
Fillings	1,543	1,633	1,808	1,730	1,558
Scalings or scaling and gum treatment	457	480	412	274	405
Silver nitrate treatment	29	25	21	26	9
Dressings	369	295	293	185	242
Radiographs	280	218	228	194	197
Dentures—Complete	724	747	688	753	655
Partial	277	293	221	248	251
Repairs	42	33	40	43	36

PRE-SCHOOL CHILDREN—Forms of treatment provided.

	1957.	1958.	1959.	1960.	1961.
Extractions	3,122	2,908	2,148	1,886	2,267
Anaesthetics—Local	40	32	75	75	142
General	877	799	606	579	708
Fillings	625	540	859	836	878
Scalings or scaling and gum treatment	60	30	38	6	24
Silver nitrate treatment	803	679	531	544	573
Dressings	93	69	50	62	81
Radiographs	21	6	10	2	6
Dentures—Complete	2	Nil	2	1	5
Partial	Nil	Nil	2	3	2
Repairs	Nil	Nil	Nil	Nil	Nil

MIDWIFERY AND HOME NURSING SERVICE.

TABLE 17.

Year.	Nurses and Midwives employed.	Private Midwives in County.	Attended by Midwives.	Attended by Private Midwives.	Inhalation Analgesia.		Pethidine.	Nursing Visits.	Ante-natal Visits.	Post-natal Visits.	Puerperal Pyrexia.
					Gas/Air	Trilene					
1957	117	11	2,200	281	460	1,360	1,064	56,498	16,606	5,520	18
1958	120	12	2,394	338	236	1,643	1,176	58,481	19,286	6,324	56
1959	121	15	2,400	364	223	1,705	1,159	59,161	23,207	6,756	18
1960	121	13	2,095	367	197	1,477	937	56,448	22,851	5,380	6
1961	120	12	1,864	213	134	1,367	863	45,609	22,681	3,626	3

GENERAL NURSING.

Year.	New Cases.				Visits to All Cases.				Old Persons over 65 years.		Children under 5 years.	
	Medical.	Surgical.	Others.	Total.	Medical.	Surgical.	Others.	Total.	Cases.	Visits.	Cases.	Visits.
1957	6,085	3,259	669	10,013	168,284	54,145	15,280	237,709	3,775	130,296	589	4,803
1958	4,788	2,788	551	8,127	161,460	51,028	12,345	224,833	3,240	128,388	513	4,166
1959	4,728	2,733	577	8,038	156,830	57,499	11,604	225,933	3,122	125,007	517	4,864
1960	4,585	2,762	682	8,029	164,138	60,846	11,998	236,982	3,373	140,222	471	5,026
1931	4,737	2,811	526	8,074	173,270	66,773	10,113	250,156	3,551	148,286	445	3,556

AMBULANCE SERVICE.

TABLE 18.

AMBULANCE AND SITTING CASE CARS.

AREA.	FIRST QUARTER			SECOND QUARTER			THIRD QUARTER			FOURTH QUARTER			TOTAL.		
	J.	P.	M.	J.	P.	M.	J.	P.	M.	J.	P.	M.	J.	P.	M.
North No. 1	598	2,064	37,276	625	2,100	37,428	636	1,859	36,645	581	1,744	35,535	2,440	7,767	146,884
North No. 2	703	2,798	35,022	770	2,761	37,058	709	2,186	33,698	724	2,706	36,626	2,906	10,451	142,404
Central	2,351	9,842	76,345	2,333	9,356	73,266	2,280	8,677	72,904	2,370	8,982	73,263	9,334	36,857	295,778
East	1,841	7,809	51,961	1,982	7,270	51,676	1,840	6,453	46,812	1,855	6,894	46,684	7,518	28,426	197,133
South East	1,709	6,692	43,861	1,718	6,671	45,896	1,744	6,032	40,920	1,656	6,088	39,211	6,827	25,483	169,888
South	3,213	11,254	87,861	3,222	11,835	86,290	3,213	11,383	84,248	3,137	11,109	83,140	12,785	45,581	341,539
Wallsend...	1,505	5,391	23,026	1,593	5,755	24,390	1,574	5,358	23,549	1,547	5,603	23,678	6,219	22,107	94,643
West	1,354	4,857	43,160	1,299	4,487	42,787	1,270	4,295	44,047	1,371	5,151	43,026	5,294	18,790	173,020
Total	13,274	50,707	398,512	13,542	50,235	398,791	13,266	46,243	382,823	13,241	48,277	381,163	53,323	195,462	1,561,289

AMBULANCE CAR SERVICE.

North No. 1	300	1,085	17,193	256	794	18,078	277	786	16,976	290	1,002	16,930	1,123	3,667	69,177
North No. 2	9	130	213	15	140	263	16	152	358	18	130	512	58	552	1,346
Central	105	760	5,025	154	1,052	7,831	165	899	8,007	201	776	9,632	625	3,477	30,495
West	607	2,854	33,557	577	2,606	31,449	580	2,594	32,510	603	2,739	33,061	2,367	10,793	130,577
South	131	871	4,320	165	958	5,109	139	710	4,164	164	894	5,131	599	3,433	18,724
Total	1,152	5,700	60,308	1,167	5,550	62,730	1,177	5,141	62,015	1,276	5,541	65,266	4,772	21,932	250,319
Total Ambulance Service	14,426	56,407	458,820	14,709	55,785	461,521	14,443	51,384	444,838	14,517	53,818	446,429	58,095	217,394	1,811,608

J—Journeys. P—Patients. M—Mileage.

TABLE 19.
AMBULANCE SERVICE MILEAGE.

Service.	North No. 1.	North No. 2.	Central.	East.	South- East.	South.	Wallsend.	West.	Total.
Direct ...	64,290	72,299	295,778	197,133	169,888	341,539	94,643	—	1,235,570
British Red Cross Society ...	82,594	—	—	—	—	—	—	112,859	195,453
St. John Ambulance Brigade ...	—	—	—	—	—	—	—	59,080	59,080
Agents ...	—	70,105	—	—	—	—	—	1,081	71,186
Total Ambulances...	146,884	142,404	295,778	197,133	169,888	341,539	94,643	173,020	1,561,289
Ambulance Car Service ...	69,177	1,346	30,495	—	—	18,724	—	130,577	250,319
Total Service ...	216,061	143,750	326,273	197,133	169,888	360,263	94,643	303,597	1,811,608

HOME HELP SERVICE

TABLE 20.

Area.	Number of cases assisted.		Home Helps employed at 31st December.	
	Full-time	Part-time	Full-time	Part-time
North No. 1 ...	1	121	—	43
North No. 2 ...	—	237	—	87
East ...	—	583	—	95
Central ...	8	552	1	111
South ...	46	705	4	172
South-East ...	20	866	1	144
West ...	8	293	—	114
Wallsend ...	5	329	1	92
TOTALS ...	88	3,686	7	858

TABLE 21.

TYPES OF CASE ASSISTED.

	Full-time	Part-time	Total	Total for 1960
Confinement	73	103	176	197
Acute Illness	13	217	230	289
Old Age and Chronic illness ...	—	3,242	3,242	3,198
Blind	—	91	91	97
Tuberculosis	—	24	24	26
Problem cases including children in absence of Mother	2	9	11	16
TOTALS ...	88	3,686	3,774	3,823

The number of Home Helps employed compared with last year was:

	Full-time	Part-time	Total
31st December, 1961	7	858	865
31st December, 1960	3	854	857

MENTAL HEALTH SERVICE.

TABLE 22.

Number of mentally ill patients dealt with by Mental Welfare Officers under the Mental Health Act, 1959:— ,

	Male	Female	Total
Admitted for Observation (Section 25)	24	22	46
Admitted for Treatment (Section 26)	20	27	47
Admitted for Observation in case of Emergency ... (Section 29)	84	79	163
Admitted by Order of Court (Section 60)	4	—	4
	132	128	260

TABLE 23.

SUMMARY OF VISITS MADE BY MENTAL WELFARE OFFICERS.

District.	Area. (Acres.)	Population (Estimated).	Subnormal and Severely Subnormal.	Mental Illness.	Social Welfare.	Total.
Alnwick	293,284	37,140	149	267	219	635
Ashington ...	83,910	115,070	539	271	497	1,307
Berwick ...	241,186	28,040	153	178	98	429
Blyth ...	13,001	121,530	428	874	925	2,227
Hexham ...	548,822	51,770	125	41	86	252
South Northumber- land ...	96,002	126,980	854	486	377	1,717
Total ...	1,276,205	480,530	2,248	2,117	2,202	6,567

TABLE 24.
NUMBER OF PERSONS UNDER LOCAL HEALTH AUTHORITY CARE AT 31ST DECEMBER, 1961.

	Mentally Ill				Psychopath				Subnormal and Severely Subnormal				Totals				Grand Total
	Under Age 16		16 and Over		Under Age 16		16 and Over		Under Age 16		16 and Over		Under Age 16		16 and Over		
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
(a) Attending day training centre	—	—	—	—	—	—	—	—	69	53	43	53	69	53	43	53	218
(b) Awaiting training in day or residential centre ...	—	—	—	—	1	—	—	—	14	3	12	7	15	3	12	7	37
(c) Receiving home training ...	—	—	—	—	—	—	—	—	11	8	4	3	11	8	4	3	26
(d) Receiving home visits and not included in (a) to (c) ...	—	—	37	40	—	—	—	—	31	25	140	166	31	25	179	206	441
	—	—	37	40	1	—	2	—	125	89	199	229	126	89	238	269	722

HOUSING.

TABLE 25.

COUNTY DISTRICTS.	NEW HOUSES COMPLETED DURING 1961.				TOTAL 1960.
	Local Authority.	Other Housing Authority.	Private.	Total.	
Municipal Boroughs :—					
Berwick-upon-Tweed	26	—	5	31	84
Blyth	6	—	176	182	320
Morpeth	2	—	254	256	159
Wallsend	336	—	10	346	154
Whitley Bay	6	—	330	336	294
Urban Districts :—					
Alnwick	11	—	23	34	21
Amble	—	—	12	12	36
Ashington	56	—	6	62	113
Bedlingtonshire	84	—	275	359	251
Gosforth	72	—	89	161	188
Hexham	—	—	3	3	33
Longbenton	149	—	54	203	520
Newbiggin-by-the-Sea	—	—	3	3	28
Newburn	6	—	183	189	134
Prudhoe	100	—	95	195	122
Seaton Valley	120	—	12	132	288
Boroughs and Urban Districts Total ...	974	—	1,530	2,504	2,745
Rural Districts :—					
Alnwick	—	—	18	18	58
Belford	2	1	11	14	5
Bellingham	8	1	2	11	8
Castle Ward	14	128	267	409	893
Glendale	—	—	13	13	1
Haltwhistle	33	—	2	35	6
Hexham	22	—	43	65	123
Morpeth	18	—	7	25	39
Norham and Island- shires	6	—	1	7	7
Rothbury	9	—	7	16	20
Rural Districts Total ...	112	130	371	613	1,160
Totals ...	1,086	130	1,901	3,117	3,905

TABLE 26.

SLUM CLEARANCE.

County Districts.	Formal Action		Discontinued Informally	Total Discontinued
	Demolished	Closed not Demolished		
Municipal Boroughs				
Berwick upon Tweed	5	—	13	18
Blyth	46	11	—	57
Morpeth	12	3	—	15
Wallsend	117	7	3	127
Whitley Bay	—	1	—	1
Urban Districts				
Alnwick	5	2	—	7
Amble	7	—	—	7
Ashington	—	1	—	1
Bedlingtonshire	130	7	4	141
Gosforth	12	—	—	12
Hexham	4	—	5	9
Longbenton... ..	67	8	—	75
Newbiggin by the Sea	2	—	—	2
Newburn	34	24	—	58
Prudhoe	36	3	—	39
Seaton Valley	340	2	—	342
Boroughs and Urban Districts Total	817	69	25	911
Rural Districts				
Alnwick	26	1	—	27
Belford	—	—	—	—
Bellingham	—	—	1	1
Castle Ward	10	—	—	10
Glendale	3	—	—	3
Haltwhistle	10	—	4	14
Hexham	4	1	—	5
Morpeth	18	8	6	32
Norham and Islandshires	9	—	—	9
Rothbury	—	—	—	—
Rural Districts Total	80	10	11	101
... ..				
Totals	897	79	36	1,012

TABLE 27.

IMPROVEMENT GRANTS—(1) STANDARD GRANTS.

COUNTY DISTRICTS.	Number of separate houses for which grants were made.	
	During 1961.	Total to date.
Municipal Boroughs.		
Berwick upon Tweed	2	10
Blyth	10	18
Morpeth	13	28
Wallsend... ..	25	44
Whitley Bay	3	5
Urban Districts.		
Alnwick	2	11
Amble	—	—
Ashington	10	13
Bedlington	6	8
Gosforth	11	18
Hexham	6	10
Longbenton	19	27
Newbiggin-by-the-Sea	16	28
Newburn... ..	29	57
Prudhoe	—	—
Seaton Valley	13	57
Total for Boroughs and Urban Districts ...	165	334
Rural Districts.		
Alnwick	18	72
Belford	8	20
Bellingham	4	9
Castle Ward	8	11
Glendale	113	123
Haltwhistle	15	23
Hexham	5	6
Morpeth	5	29
Norham and Islandshires	5	8
Rothbury	8	12
Total for Rural Districts	189	313
Totals	354	647

NUMBER OF HOUSES PROVIDED WITH

	Bath or Shower.	Washhand Basin.	Hot Water Supply.	Water Closet.	Food Store.
1961	173	295	162	220	139
Total to date	394	522	356	429	309

IMPROVEMENT GRANTS—(2) Discretionary Grants.

COUNTY DISTRICTS.	Applications dealt with during 1961.			Total approved to date.
	Submitted to Local Authority.	Rejected.	Approved.	
Municipal Boroughs:—				
Berwick-upon-Tweed ...	6	2	4	92
Blyth... ..	12	3	9	255
Morpeth	8	—	8	135
Wallsend	167	4	163	252
Whitley Bay	13	—	9	42
Urban Districts:—				
Alnwick	1	—	1	88
Amble	28	—	28	137
Ashington	113	—	113	889
Bedlingtonshire	172	1	171	762
Gosforth	—	—	—	20
Hexham	16	2	14	115
Longbenton	53	—	53	168
Newbiggin-by-the-Sea	11	—	11	278
Newburn	6	—	6	206
Prudhoe	12	—	12	120
Seaton Valley	6	—	6	99
Total for Boroughs and Urban Districts ...	624	12	608	3,658
Rural Districts:—				
Alnwick	69	2	67	324
Belford	24	1	23	190
Bellingham	28	1	27	182
Castle Ward	19	—	19	365
Glendale	19	—	19	539
Haltwhistle	19	—	19	213
Hexham	64	—	64	754
Morpeth	43	—	43	348
Norham and Islandshires ...	15	—	15	238
Rothbury	20	—	20	289
Total for Rural Districts	320	4	316	3,442
Totals ...	944	16	924	7,100

ICE CREAM SAMPLES.

TABLE 28.

COUNTY DISTRICTS.					GRADES.				
					I.	II.	III.	IV.	Total.
Boroughs :—									
Berwick-upon-Tweed	...	...	...	...	23	6	1	3	33
Blyth	...	...	...	...	11	5	3	3	22
Morpeth	...	...	...	...	—	—	—	—	—
Wallsend	...	...	...	...	7	—	—	—	7
Whitley Bay	...	...	...	...	18	13	9	1	41
Urban Districts :—									
Alnwick	...	...	...	...	4	1	2	—	7
Amble	...	...	...	...	—	—	—	—	—
Ashington	...	...	...	...	16	3	3	2	24
Bedlingtonshire	...	...	...	...	25	—	—	—	25
Gosforth	...	...	...	...	17	1	1	2	21
Hexham	...	...	...	...	13	3	4	—	20
Longbenton	...	...	...	...	23	—	—	—	23
Newbiggin-by-the-Sea	...	...	...	...	—	—	—	—	—
Newburn	...	...	...	...	8	3	6	7	24
Prudhoe	...	...	...	...	20	1	—	—	21
Seaton Valley	...	...	...	...	38	1	—	1	40
Rural Districts :—									
Alnwick	...	...	...	...	—	—	—	—	—
Belford	...	...	...	...	—	—	—	—	—
Bellingham	...	...	...	...	—	—	—	—	—
Castle Ward	...	...	...	...	26	3	3	4	36
Glendale	...	...	...	...	—	—	—	—	—
Haltwhistle	...	...	...	...	—	—	—	—	—
Hexham	...	...	...	...	56	—	—	—	56
Morpeth	...	...	...	...	—	—	—	—	—
Norham and Islandshires	...	...	...	...	—	—	—	—	—
Rothbury	...	...	...	...	—	—	—	—	—
TOTALS					305	40	32	23	400
PERCENTAGES					76.25	10.0	8.0	5.75	

WELFARE OF BLIND AND OTHER HANDICAPPED PERSONS.

TABLE 29.

REGISTER OF BLIND PERSONS.

Total, 31st December, 1960	...	...	...	...	...	...	...	710
Names added to register :—								
New cases	...	...	...	...	...	...	96	
New cases transferred from register of partially sighted							19	
							—	115
Transfers In...	...	...	...	...	...	...	14	
							—	129
								839
Names removed from register :—								
Deaths	...	...	...	...	...	...	81	
Decertified	...	...	...	...	...	...	11	
Transfers Out	...	...	...	...	...	...	15	
							—	107
								732
Total, 31st December, 1961	...	...	...	...	...	...	...	732

REGISTER OF PARTIALLY SIGHTED.

Total, 31st December, 1960	...	...	...	...	...	...	...	296
Names added to register :—								
New cases	...	...	...	...	...	...	44	
Transferred from register of blind	...	...	...	...	...	...	7	
								51
Transfers In...	...	...	...	...	...	...	3	
								54
								350
Names removed from register :—								
Deaths	...	...	...	...	...	...	30	
Transfers to register of blind	...	...	...	...	...	...	19	
Transfers Out	...	...	...	...	...	...	6	
Decertified	...	...	...	...	...	...	3	
								58
Total, 31st December, 1961								292

HOME TEACHERS' VISITS.

Social welfare (blind)	...	...	...	...	...	...	6,102
Social welfare (partially sighted)	...	...	...	...	...	...	1,340
To give lessons	...	...	...	...	...	...	533
To investigate new cases	...	...	...	...	...	...	197
To accompany patients to hospital, etc.	...	...	...	...	...	...	50
Special visits	...	...	...	...	...	...	1,306
To homes and hospitals	...	...	...	...	...	...	426
Conveyance to clubs	...	...	...	...	...	...	662
							10,616

CHILDREN.

On 31st December, 1961, the children on the register were classified as follows:—

	Blind.	Partially Sighted.
Under 5	3	2
5-15—		
Attending special schools	8	18
Attending other schools... ..	—	10
Ineducable	6	2
	<u>17</u>	<u>32</u>

REGISTER OF GENERAL HANDICAPPED.

Total on register, 31st December, 1960	711
Names added to register:—	
New cases	107
	<u>818</u>

Names removed from register:—

Deaths	34
Left district and miscellaneous removals from register	19
	<u>53</u>

Total 31st December, 1961	<u>765</u>
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Visits paid:—

Social welfare visits to handicapped	3,029
Visits on behalf of handicapped	569
	<u>3,598</u>

REGISTER OF DEAF AND HARD OF HEARING.

Total on register, 31st December, 1960	293
Names added to register	15
	<u>308</u>

Names removed from register:—

Deaths	4
Removals	5
	<u>9</u>

Total 31st December, 1961	<u>299</u>
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Visits paid by staff of Northumberland and Durham Mission:—

At home	881
In hospital	112
At work	69
On behalf of deaf	194
	<u>1,256</u>

(In addition, home teachers in the North and West paid 115 visits to deaf persons.)

TABLE 30.

GENERALLY HANDICAPPED—CLASSIFICATIONS.
(including Children under 16).

		Total on register 31st December.	New cases registered during year.
A/E	Amputation	49	10
F	Arthritis and rheumatism	99	12
G	Congenital deformities	67	5
H/L	Diseases of the digestive and genito-urinary systems; of the heart or circulatory system; of the respiratory system (other than tuberculosis) and of the skin:—		
	Asthma	12	1
	Bronchitis and bronchiectasis ...	8	2
	Valvular disease of the heart, angina pectoris, cardiac degeneration, myo- carditis, rheumatic heart, mitral stenosis	27	3
	Gastric and duodenal ulcers	1	—
	Miscellaneous	3	1
		— 51	
Q/T	Injuries of the head, face, neck, thorax, abdomen, pelvis or trunk, injuries or diseases (other than tuberculosis) of the upper or lower limbs and of the spine:—		
	Paralysis due to injury or disease; paraplegia	56	7
	Osteomyelitis	5	—
	Muscular atrophy, dystrophy	14	5
	Miscellaneous injuries	49	4
		— 124	
V	Organic nervous diseases:—		
	Multiple sclerosis	75	21
	Epilepsy	61	1
	Parkinson's disease	11	2
	Post poliomyelitis	65	7
	Cerebral palsy	75	2
	Cerebral thrombosis	17	4
	Hemiplegia	23	9
	Encephalitis lethargica... ..	4	—
	Miscellaneous	19	1
		— 350	
U/W	Neurosis, psychosis and other nervous and mental disorders (not included in V) ...	7	—
Y	Tuberculosis (non-respiratory)	7	1
Z	Miscellaneous	11	9
		<u>765</u>	<u>107</u>

